

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000080274

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** AZURE INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

1500 SAN REMO AVENUE  
247  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SAN REMO AVENUE  
247  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

**FEI Number:** 26-3221571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELGADO, LINA M  
9554 S.W. 125TH TERRACE  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** DELGADO, LINA M  
**Address:** 9554 S.W. 125TH TERRACE  
**City-St-Zip:** MIAMI, FL 33176 US

**Title:** MGRM  
**Name:** RISK & RE-INSURANCE SOLUTIONS CORP.  
**Address:** 1500 SAN REMO AVENUE, SUITE 247B  
**City-St-Zip:** CORAL GALBES, FL 33146 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** LINA M. DELGADO

MGRM

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date