

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000026190

Entity Name: AMISTAD INSURANCE, LLC

FILED
Apr 02, 2012
Secretary of State

Current Principal Place of Business:

611 10TH STREET EAST
PALMETTO, FL 34221

New Principal Place of Business:

2852 RINGLING BLVD
SARASOTA, FL 34237

Current Mailing Address:

PO BOX 51783
SARASOTA, FL 34232

New Mailing Address:

PO BOX 53168
SARASOTA, FL 34232

FEI Number: 26-3338907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IZQUIERDO, SALEZKY
5537 BURNT BRANCH CIRCLE
SARASOTA, FL 34232 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: MARTIN, JAVIER
Address: 2327 RIVERWOOD PINES DR
City-St-Zip: SARASOTA, FL 34231

Title: MGRM
Name: ORTEGA, RODOLFO
Address: 1671 SUMMER BREEZE WAY
City-St-Zip: SARASOTA, FL 34232

Title: MGRM
Name: ORTEGA, ENID
Address: 1671 SUMMER BREEZE WAY
City-St-Zip: SARASOTA, FL 34232

Title: MGRM
Name: IZQUIERDO, SALEZKY
Address: 5537 BURNT BRANCH CIRCLE
City-St-Zip: SARASOTA, FL 34232

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: RODOLFO ORTEGA

MNGR

04/02/2012

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