

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000033585

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** AMCO INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

10404 W FLAGLER ST  
1  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

10404 W FLAGLER ST  
1  
MIAMI, FL 33174

**New Mailing Address:**

**FEI Number:** 20-2206958      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

EXPRESS FINANCIAL SERVICES, LLC  
10725 W FLAGLER ST  
MIAMI, FL 33174    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:** CADAVID, CLAUDIA  
**Address:** 10404 W FLAGLER ST #1  
**City-St-Zip:** MIAMI, FL 33174

**Title:** MGR  
**Name:** AREAS, EDUARDO A  
**Address:** 10404 W FLAGLER ST #1  
**City-St-Zip:** MIAMI, FL 33174 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: EDUARDO AREAS

MGR

04/04/2012

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