# PRESIDENT

Electronic Signature of Signing Officer/Director Detail

#### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# P00000020129

Entity Name: LUIS NECUZE INSURANCE AGENCY, INC.

## **Current Principal Place of Business:**

8290 SW 40TH STREET SUITE 106 MIAMI, FL 33155-3351

#### **Current Mailing Address:**

8290 SW 40TH STREET SUITE 106 MIAMI, FL 33155-3351 US

### FEI Number: 65-0984931

### Name and Address of Current Registered Agent:

NECUZE, LUIS A 8290 SW 40TH STREET SUITE 106 MIAMI, FL 33155-3351 US

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

#### **Officer/Director Detail :**

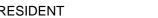
Title	P	Title	S
Name	NECUZE, LUIS A	Name	NECUZE, ANA M
Address	8290 SW 40TH STREET, SUITE 106	Address	9250 SW 118 TERRACE
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI FL 33176

01/14/2015

FILED Jan 14, 2015 Secretary of State CC5867870878

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.



Date

Date