

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020129

Entity Name: LUIS NECUZE INSURANCE AGENCY, INC.

FILED
Mar 01, 2016
Secretary of State
CC3214368537

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

Certificate of Status Desired: No

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

Date

Officer/Director Detail :

Title P
Name NECUZE, LUIS A
Address 8290 SW 40TH STREET, SUITE 106
City-State-Zip: MIAMI FL 33155

Title S
Name NECUZE, ANA M
Address 2600 SEGOVIA STREET
 APT 702
City-State-Zip: CORAL GABLES FL 33134

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.

SIGNATURE: LUIS NECUZE

PRESIDENT

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date