

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000085127

**Entity Name:** RCL INSURANCE SERVICES CORP

**Current Principal Place of Business:**

9251 W FLAGLER ST  
MIAMI, FL 33172

**FILED**  
**Mar 17, 2015**  
**Secretary of State**  
**CC6248273265**

**Current Mailing Address:**

9251 W FLAGLER ST  
MIAMI, FL 33172 US

**FEI Number: 47-2106029**

**Certificate of Status Desired: No**

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

HORTA, RAISA  
9251 W FLAGLER ST  
MIAMI, FL 33172 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	Title	VP
Name	HORTA, RAISA	Name	CASTRO, LUIS
Address	9251 W FLAGLER ST	Address	9251 W FLAGLER ST
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172

*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: RAISA HORTA**

**PRESIDENT**

**03/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date