

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000006646

**Entity Name:** AME INSURANCE / INSURPRO LLC

**Current Principal Place of Business:**

16221 SW 88 ST  
MIAMI, FL 33196

**Current Mailing Address:**

16221 SW 88 ST  
MIAMI, FL 33196

**FEI Number:** 25-1908772

**Certificate of Status Desired:** No

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

ESPINOSA, ALBERTO MSR  
13750 SW 75 ST  
MIAMI, FL 33185 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ESPINOSA, ALBERTO MSR  
Address 13750 SW 75 ST  
City-State-Zip: MIAMI FL 33185

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALBERTO M. ESPINOSA

**MANAGING MEMEBER**

**02/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date