

2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALBERTO M. ESPINOSA

MSR

03/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date