

2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000093404

Entity Name: BULLTICK INSURANCE AGENCY, LLC**Current Principal Place of Business:**333 SE 2ND AVENUE
SUITE 3950
MIAMI, FL 33131**Current Mailing Address:**333 SE 2ND AVENUE
SUITE 3950
MIAMI, FL 33131 US**FEI Number:** 20-3857627**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADOLFO DEL CUETO ARAMBURU
333 SE 2ND AVENUE
SUITE 3950
MIAMI, FL 33131 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 HEAD OF WEALTH MANAGEMENT,
MANAGER
Name BANUELOS, HUMBERTO
Address 333 SE 2ND AVENUE
SUITE 3950
City-State-Zip: MIAMI FL 33131

Title CFO, MANAGER
Name HERRERA, WILLIAM A
Address 333 SE 2ND AVENUE
SUITE 3950
City-State-Zip: MIAMI FL 33131

Title CCO, MANAGER
Name MOREIRA, JEFERSON
Address 333 SE 2ND AVENUE
SUITE 3950
City-State-Zip: MIAMI FL 33131

Title CEO, MANAGER
Name ADOLFO DEL CUETO ARAMBURU
Address 333 SE 2ND AVENUE
SUITE 3950
City-State-Zip: MIAMI FL 33131

Title COO, MANAGER
Name SILVA, MARCOS
Address 333 SE 2ND AVENUE
SUITE 3950
City-State-Zip: MIAMI FL 33131

Title MANAGER, DIRECTOR, HEAD OF
INSURANCE
Name CAMPOS, JUAN CARLOS
Address 333 SE 2ND AVENUE
SUITE 3950
City-State-Zip: MIAMI FL 33131

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: HUMBERTO BANUELOS

MANAGER

07/25/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date