

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000078582

**FILED**  
**Jan 21, 2020**  
**Secretary of State**  
**2452516210CC**

**Entity Name:** AVENTURA INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

100 SE 3RD AVE  
SUITE 2216  
FORT LAUDERDALE, FL 33394

**Current Mailing Address:**

100 SE 3RD AVE  
SUITE 2216  
FORT LAUDERDALE, FL 33394 US

**FEI Number:** 20-5353681

**Certificate of Status Desired:** No

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

CAUCEGLIA, DANIEL  
100 SE 3RD AVE  
SUITE 2216  
FORT LAUDERDALE, FL 33394 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 MGR  
Name CAUCEGLIA, DANIEL T  
Address 100 SE 3RD AVE  
SUITE 2216  
City-State-Zip: FORT LAUDERDALE FL 33394

Title MGRM  
Name AVENTURA HOLDINGS, LLC  
Address 100 SE 3RD AVE  
SUITE 2216  
City-State-Zip: FORT LAUDERDALE FL 33394

*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:** DANIEL CAUCEGLIA

**CEO**

**01/21/2020**

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

\_\_\_\_\_  
Date