

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078582

FILED
Jan 29, 2016
Secretary of State
CC0701758155

Entity Name: AVENTURA INSURANCE SERVICES, LLC

Current Principal Place of Business:

2999 NE 191ST STREET
SUITE 901
AVENTURA, FL 33180

Current Mailing Address:

2999 NE 191ST STREET
SUITE 901
AVENTURA, FL 33180 US

FEI Number: 20-5353681

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAUCEGLIA, DANIEL
2999 NE 191ST STREET
SUITE 901
AVENTURA, FL 33180 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	Title	MGRM
Name	CAUCEGLIA, DANIEL T	Name	AVENTURA HOLDINGS, LLC
Address	2999 NE 191ST STREET SUITE 901	Address	2999 NE 191ST STREET SUITE 901
City-State-Zip:	AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180

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

01/29/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date