

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000078582

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC8149588661**

**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**

**01/07/2015**

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

\_\_\_\_\_  
Date