

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051544

Entity Name: GOZA INSURANCE AGENCY, LLC

Current Principal Place of Business:

10205 SOUTH DIXIE HIGHWAY, STE. 204
PINECREST, FL 33156

Current Mailing Address:

POST OFFICE BOX 562829
MIAMI, FL 33256

FEI Number: 26-4676505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOZA, EDDY
9821 SW 119 ST
MIAMI, FL 33176 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 CFO
Name GOZA, EDDY
Address 9821 SW 119 ST
City-State-Zip: MIAMI FL 33176

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: EDDY GOZA

CFO

04/11/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date