

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062703

Entity Name: GARZOR INSURANCE, LLC

Current Principal Place of Business:

4248 TOWN CENTER BLVD.,
SUITE 1
ORLANDO, FL 32837

Current Mailing Address:

4248 TOWN CENTER BLVD.,
SUITE 1
ORLANDO, FL 32837 US

FEI Number: 26-2951778

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZORRILLA, MARIANA
4248 TOWN CENTER BLVD.,
SUITE 1
ORLANDO, FL 32837 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 MGRM
Name ZORRILLA, MARIANA
Address 4248 TOWN CENTER BLVD.,
SUITE 1
City-State-Zip: ORLANDO FL 32837

Title MGRM
Name GARCIA, MANDO
Address 4248 TOWN CENTER BLVD.,
SUITE 1
City-State-Zip: ORLANDO FL 32837

Title MGR
Name PALOMO, RITA
Address 4248 TOWN CENTER BLVD.,
SUITE 1
City-State-Zip: ORLANDO FL 32837

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: MANDO GARCIA

OWNER

02/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date