

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000007939

Entity Name: BOSTON MARKS INSURANCE, LLC

Current Principal Place of Business:

355 ALHAMBRA CIRCLE
STE 1201
CORAL GABLES, FL 33134

Current Mailing Address:

355 ALHAMBRA CIRCLE
STE 1201
CORAL GABLES, FL 33134 US

FEI Number: 26-4137476

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ENRIQUEZ, JERRY
355 ALHAMBRA CIRCLE
STE 1201
CORAL GABLES, FL 33134 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 MR
Name MASON, ALFREDO
Address 355 ALHAMBRA CIRCLE
STE 1201
City-State-Zip: CORAL GABLES FL 33134

Title MGRM
Name MASON, ILIANA
Address 355 ALHAMBRA CIRCLE
STE 1201
City-State-Zip: CORAL GABLES FL 33134

Title MR.
Name IRAGORRI, REINALDO
Address 355 ALHAMBRA CIRCLE
STE 1201
City-State-Zip: CORAL GABLES FL 33134

Title MANAGER
Name DUFF, IAN
Address 355 ALHAMBRA CIRCLE
STE 1201
City-State-Zip: CORAL GABLES FL 33134

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: ALFREDO MASON

MGR

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date