

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000038268

Entity Name: G. CISNEROS INSURANCE AGENCY, LLC

Current Principal Place of Business:

1700 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

1700 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

FEI Number: 80-0437437

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CISNEROS, GUSTAVO A
1700 PONCE DE LEON BLVD
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 MGRM
Name CISNEROS, GUSTAVO A
Address 1700 PONCE DE LEON BLVD
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: GUSTAVO A CISNEROS

MGRM

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date