

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000026190

**Entity Name:** AMISTAD INSURANCE, LLC**Current Principal Place of Business:**3307 CLARK RD SUITE 204  
SARASOTA, FL 34231**Current Mailing Address:**3307 CLARK RD SUITE 204  
SARASOTA, FL 34231 US**FEI Number:** 26-3338907**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ORTEGA, RODOLFO  
3307 CLARK RD SUITE 204  
SARASOTA, FL 34231 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:** RODOLFO ORTEGA

01/26/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	MARTIN, JAVIER
Address	2327 RIVERWOOD PINES DR
City-State-Zip:	SARASOTA FL 34231

Title	MGRM
Name	ORTEGA, RODOLFO
Address	3307 CLARK RD SUITE 204
City-State-Zip:	SARASOTA FL 34231

Title	MGRM
Name	ORTEGA, ENID
Address	3307 CLARK RD SUITE 204
City-State-Zip:	SARASOTA FL 34231

Title	MGRM
Name	IZQUIERDO, SALEZKY
Address	611 10TH ST E
City-State-Zip:	PALMETTO FL 34221

*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:** RODOLFO ORTEGA

MANAGER

01/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date