

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000130438

**Entity Name:** JIJ INSURANCE SERVICES LLC

**Current Principal Place of Business:**

221 SW 42ND  
CORAL GABLES, FL 33134

**Current Mailing Address:**

221 SW 42ND  
CORAL GABLES, FL 33134 US

**FEI Number:** 45-3824788

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HERRERA, IVAN  
221 SW 42ND  
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	Title	MANAGER
Name	HERRERA, IVAN	Name	HERRERA, ANIA F
Address	221 SW 42ND	Address	221 SW 42ND
City-State-Zip:	CORAL GABLES FL 33134	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:** IVAN HERRERA

MGMR

03/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date