

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000003803

Entity Name: AVENTURA INSURANCE & RETIREMENT PLANNING LLC

Current Principal Place of Business:

3114 NE 210 TERRACE
AVENTURA, FL 33180

Current Mailing Address:

3114 NE 210 TERRACE
AVENTURA, FL 33180

FEI Number: 45-4222907

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, NANCY L
7700 N KENDALL DRIVE
SUITE 200
MIAMI, FL 33156 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 CAZES, ISAAC
Address 3114 NE 210 TERRACE
City-State-Zip: AVENTURA FL 33180

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: ISAAC CAZES

PRES

04/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date