

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000003803

**FILED  
Jan 15, 2015  
Secretary of State  
CC1389228943**

**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 407  
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	Title	SECRETARY
Name	CAZES, ISAAC	Name	CAZES, DEBBIE
Address	3114 NE 210 TERRACE	Address	3114 NE 210 TERRACE
City-State-Zip:	AVENTURA FL 33180	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

**MGRM**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date