#### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000003803

Entity Name: AVENTURA INSURANCE & RETIREMENT PLANNING LLC

**FILED** Apr 29, 2021 **Secretary of State** 4817824435CC

# **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:

CAZES, ISAAC 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: ISAAC CAZES 04/29/2021

> Date Electronic Signature of Registered Agent

### Authorized Person(s) Detail:

SIGNATURE: ISAAC CAZES

**AUTHORIZED MEMBER** Title Title **SECRETARY** CAZES, ISAAC Name CAZES. DEBBIE Name Address 3114 NE 210 TERRACE Address 3114 NE 210 TERRACE

AVENTURA FL 33180 City-State-Zip: 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.

Electronic Signature of Signing Authorized Person(s) Detail

**AUTHORIZED MEMBER**