

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000160720

Entity Name: WEINSTEIN INSURANCE SERVICES, LLC

Current Principal Place of Business:

5915 PONCE DE LEON BLVD.
SUITE 29
CORAL GABLES, FL 33146

Current Mailing Address:

5915 PONCE DE LEON BLVD.
SUITE 29
CORAL GABLES, FL 33146 US

FEI Number: 46-4135727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOFRICHTER, ALEX ESQ.
1430 S. DIXIE HIGHWAY
SUITE 204
CORAL GABLES, FL 33146 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 WEINSTEIN, JAY A
Address 5915 PONCE DE LEON BLVD., SUITE
29
City-State-Zip: CORAL GABLES FL 33146

Title VP
Name BECKER, DAVID H
Address 5915 PONCE DE LEON BLVD.
SUITE 29
City-State-Zip: CORAL GABLES FL 33146

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: JAY A. WEINSTEIN

PRESIDENT

04/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date