

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000027444

Entity Name: ALL INSURANCE AGENCY OF FLORIDA LLC

Current Principal Place of Business:

8421S ORANGE BLOSSOM TRAIL
STE 129
ORLANDO, FL 32809

Current Mailing Address:

8421S ORANGE BLOSSOM TRAIL
STE 129
ORLANDO, FL 32809 US

FEI Number: 46-4850909

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAGALY'S MULTI-SERVICES LLC
8421S ORANGE BLOSSOM TRAIL
STE 134
ORLANDO, FL 32809 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 AMBR
Name NAVARRO, MAGALY D
Address 8421 S ORANGE BLOSSOM TRAIL
129
City-State-Zip: ORLANDO FL 32809

Title MBR
Name NAVARRO, ANAHELY M
Address 8421 S ORANGE BLOSSOM TRAIL
129
City-State-Zip: ORLANDO FL 32809

Title MBR
Name NAVARRO, ALEXANDER JOSE
Address 8421 S ORANGE BLOSSOM TRAIL
129
City-State-Zip: ORLANDO FL 32809

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: MAGALY D NAVARRO

AMBR

04/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date