

**2015 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 134  
ORLANDO, FL 32809

**Current Mailing Address:**

8421S ORANGE BLOSSOM TRAIL  
STE 134  
ORLANDO, FL 32809

**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	Title	AMBR
Name	VIDAL, GLORIA	Name	NAVARRO, MAGALY D
Address	66 PINE ISLAND CIR	Address	12073 FAMBRIDGE RD
City-State-Zip:	KISSIMMEE FL 34743	City-State-Zip:	ORLANDO FL 32837

*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 NAVARRO

AMBR

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date