

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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 MBR, PRESIDENT
Name VALENTIN, ROSAANA
Address P.O. BOX 34742
City-State-Zip: KISSIMMEE FL 34742

Title MANAGER
Name NAVARRO, ANAHELY
Address 500 PINNACLE COVE BLVD
APT 205
City-State-Zip: ORLANDO FL 32824

Title AMBR
Name NAVARRO, MAGALY D
Address 12023 FAMBRIDGE RD
City-State-Zip: ORLANDO FL 32837

Title MANAGER
Name NAVARRO, ALEXANDER JOSE
Address 12023 FAMBRIDGE RD
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 D. NAVARRO

AMBR

06/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date