

**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 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

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

*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

08/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date