

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000137979

**Entity Name:** MIRTA ARRIAGA INS, LLC

**Current Principal Place of Business:**

13940 US HWY 441, SUITE 209  
THE VILLAGES, FL 32159

**Current Mailing Address:**

13940 US HWY 441, SUITE 209  
THE VILLAGES, FL 32159

**FEI Number:** 47-1759353

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARRIAGA, MIRTA  
2800 NE 102ND LANE  
P O BOX 1407  
ANTHONY, FL 32617 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            AUTHORIZED REPRESENTATIVE  
Name            ARRIAGA, MIRTA L  
Address        2800 NE 102ND LANE  
                  P O BOX 1407  
City-State-Zip: ANTHONY FL 32617

*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:** MIRTA ARRIAGA

**AUTHORIZED  
REPRESENTATIVE**

**04/25/2018**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date