

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000041046

**Entity Name:** AVZ INSURANCE, LLC

**Current Principal Place of Business:**

412 SW TALQUIN LANE  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

412 SW TALQUIN LANE  
PORT ST LUCIE, FL 34986

**FEI Number:** 47-3052695

**Certificate of Status Desired:** No

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

VILLASUSO, ALEJANDRO  
412 SW TALQUIN LANE  
PORT ST LUCIE, FL 34986 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:** ALEJANDRO VILLASUSO

10/12/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VILLASUSO, ALEJANDRO  
Address 412 SW TALQUIN LANE  
City-State-Zip: PORT ST LUCIE FL 34986

*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:** ALEJANDRO VILLASUSO

MANAGER

10/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date