

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000148499

**Entity Name:** 305 INSURANCE GROUP LLC

**Current Principal Place of Business:**

185 SW 7TH ST  
1807  
MIAMI, FL 33130

**Current Mailing Address:**

185 SW 7TH ST  
1807  
MIAMI, FL 33130 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

AWAK, ANTONIO  
185 SW 7TH ST  
1807  
MIAMI, FL 33130 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  
Name AWAK, ANTONIO  
Address 185 SW 7TH ST  
1807  
City-State-Zip: MIAMI FL 33130

Title MBR  
Name QUINTERO, ANDREINA  
Address 185 SW 7TH ST  
1807  
City-State-Zip: MIAMI FL 33130

*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:** ANTONIO AWAK

MBR

04/24/2016

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

\_\_\_\_\_  
Date