

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000134967

**Entity Name:** AVENTURA INSURANCE CONSULTANTS, LLC

**Current Principal Place of Business:**

3350 SW 148TH ST  
SUITE 110  
MIRAMAR, FL 33027

**Current Mailing Address:**

3350 SW 148TH AVE  
SUITE 110  
MIRAMAR, FL 33027 US

**FEI Number:** 81-3417931

**Certificate of Status Desired:** No

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

CRESPO, MIGUEL A  
3350 SW 148TH AVE  
SUITE 110  
MIRAMAR, FL 33027 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 MGR  
Name CRESPO, MIGUEL A  
Address 3350 SW 148TH AVE  
SUITE 110  
City-State-Zip: MIRAMAR FL 33027

*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:** MIGUEL CRESPO

**MANAGER**

**02/20/2024**

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

\_\_\_\_\_  
Date