

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000134967

Entity Name: AVENTURA INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

6880 LOCH NESS DRIVE
MIAMI LAKES, FL 33014

Current Mailing Address:

6880 LOCH NESS DRIVE
MIAMI LAKES, FL 33014 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRESPO, MIGUEL A
6880 LOCH NESS DRIVE
MIAMI LAKES, FL 33014 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 546 NE 97TH ST
City-State-Zip: MIAMI SHORES FL 33138

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

P

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date