

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000176840

**FILED**  
**Jun 14, 2018**  
**Secretary of State**  
**CR7831161154**

**Entity Name:** MARTON INSURANCE SPECIALISTS, LLC

**Current Principal Place of Business:**

2333 BRICKELL AVE.  
SUITE 1215  
MIAMI, FL 33129

**Current Mailing Address:**

2333 BRICKELL AVE.  
SUITE 1215  
MIAMI, FL 33129 US

**FEI Number:** 81-4015532

**Certificate of Status Desired:** Yes

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

WEIDER, NORMAN S. ESQ.  
200 S. BISCAYNE BLVD.  
6TH FLOOR  
MIAMI, FL 33131 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:** NORMAN WEIDER

06/14/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name OTERO, ARMANDO  
Address 2333 BRICKELL AVE. ST. 1215  
City-State-Zip: MIAMI FL 33129

Title MGR  
Name OTERO, MARTA  
Address 2333 BRICKELL AVE. ST. 1215  
City-State-Zip: MIAMI FL 33129

*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:** ARMANDO OTERO

**OWNER**

06/14/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date