

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000209365

**Entity Name:** TOP CONSULTING & INSURANCE LLC

**Current Principal Place of Business:**

7751 KINGSPONTE PARKWAY  
SUITE 109 ROOM E  
ORLANDO, FL 32819

**Current Mailing Address:**

7751 KINGSPONTE PARKWAY  
SUITE 109 ROOM E  
ORLANDO, FL 32819 US

**FEI Number:** 81-4479783

**Certificate of Status Desired:** No

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

CSG - CAPITAL SERVICES GROUP, INC.  
6735 CONROY WINDERMERE RD  
SUITE 305  
ORLANDO, FL 32835 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 AMBR  
Name BARIONI IANEZ, SILVIA  
Address 8341 LOOKOUT POINTE DR  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name FUGA, DANIELLE  
Address 12313 VIA DERNA PL  
City-State-Zip: WINDERMERE FL 34786

Title AMBR  
Name FRADE, FABIO LUIZ  
Address RUA ANTONIO CAMARDO 600  
APTO 161  
City-State-Zip: SAO PAULO SP 03309-060

Title AMBR  
Name SILVA, FABIO ALEKSANDER  
Address 13740 LARANJA ST  
City-State-Zip: CLERMONT FL 34711

*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:** BARIONI IANEZ, SILVIA

AMBR

04/27/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date