

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000209365

**Entity Name:** TOP INSURANCE & ASSOCIATES LLC**Current Principal Place of Business:**8341 LOOKOUT POINTE DR  
WINDERMERE, FL 34786**Current Mailing Address:**8341 LOOKOUT POINTE DR  
WINDERMERE, FL 34786 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	CUIABANO, DANIELA O
Address	6735 CONROY ROAD SUITE 331
City-State-Zip:	ORLANDO FL 32835

Title	AMBR
Name	BARIONI IANEZ, SILVIA
Address	8341 LOOKOUT POINTE DR
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	FUGA, DANIELLE
Address	12313 VIA DERNA PL
City-State-Zip:	WINDERMERE FL 34786

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:** SILVIA BARIONI IANEZ

AMBR

01/31/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date