

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000219787

**Entity Name:** MARTHA VELASCO INSURANCE AGENCY LLC

**Current Principal Place of Business:**

150 BEAR SPRNGS DR  
APT 143  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

150 BEAR SPRNGS DR  
APT 143  
WINTER SPRINGS, FL 32708

**FEI Number:** 83-1938791

**Certificate of Status Desired:** Yes

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

VELASCO, MARTHA P  
150 BEAR SPRINGS DR  
APT 143  
WINTER SPRINGS, FL 32708 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 VELASCO, MARTHA P  
Address 150 BEAR SPRINGS DR, APT 143  
City-State-Zip: WINTER SPRINGS FL 32708

Title MGR  
Name GONZALEZ, JULIANA  
Address 150 BEAR SPRINGS DR, APT 143  
City-State-Zip: WINTER SPRINGS FL 32708

Title MGR  
Name GOMEZ, RUBEN D  
Address 150 BEAR SPRINGS DR, APT 143  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** MARTHA VELASCO

**OWNER**

**04/05/2019**

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

\_\_\_\_\_  
Date