## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000456156

**Entity Name: WEST BRICKELL INSURANCE LLC** 

**Current Principal Place of Business:** 

2350 W FLAGLER ST MIAMI, FL 33135

**Current Mailing Address:** 

201 ALHAMBRA CIRCLE, SUITE 501 CORAL GABLES. FL 33134 US

FEI Number: 87-3213745 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**BALOYRA LAW** 201 ALHAMBRA CIRCLE 501 CORAL GABLES, FL 33134 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

**FILED** Feb 14, 2022

**Secretary of State** 

5010346363CC

## Authorized Person(s) Detail:

Title MGR

RAMIREZ, GUILLERMO Name Address 2350 W FLAGLER ST City-State-Zip: MIAMI FL 33135

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: GUILLERMO RAMIREZ

**MGR** 

02/14/2022 Date