## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055854

Entity Name: HOWDEN INSURANCE, LLC

**Current Principal Place of Business:** 

1111 BRICKELL AVENUE, SUITE 2725 MIAMI. FL 33131

**Current Mailing Address:** 

1111 BRICKELL AVENUE, SUITE 2725 MIAMI. FL 33131

FEI Number: 20-5060687 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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 01, 2013

**Secretary of State** 

CC9146366409

Authorized Person(s) Detail:

Title MGR

ASTORQUI, JOSE Name LUENGO, CARLOS E Name

1111 BRICKELL AVE, STE 2725 Address 1111 BRICKELL AVE, STE 2725 Address

Title

MGR

CONTROLLER

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS LUENGO

Electronic Signature of Signing Authorized Person(s) Detail

02/01/2013

Date