## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000060468

Entity Name: HEMISPHERE INSURANCE GROUP, INC.

## **Current Principal Place of Business:**

12350 SW 132 CT 107

MIAMI, FL 33186

**Current Mailing Address:** 

12350 SW 132 CT

#107

MIAMI, FL 33186 US

FEI Number: 90-0869737 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUREDA, NANCY F 15060 SW 49TH LANE **UNIT B-107** 

MIAMI, FL 33185 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: NANCY F SUREDA 04/04/2024

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

PRESIDENT Title Title **OFFICER** 

SUREDA, NANCY Name Name DURAN, DOREEN

15060 SW 49 LANE Address 12350 SW 132 CT Address #107 B-107

City-State-Zip: MIAMI FL 33185 City-State-Zip: MIAMI FL 33186

Title DIRECTOR

Name CHRISTOPHER, L DURAN

12350 SW 132 CT Address

#107

City-State-Zip: MIAMI FL 33186

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

**FILED** Apr 04, 2024

**Secretary of State** 

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