

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000089737

Entity Name: LASA LINKS INSURANCE, INC.

Current Principal Place of Business:

2000 PONCE DE LEON BLVD.
6 FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

2000 PONCE DE LEON BLVD.
6 FLOOR
CORAL GABLES, FL 33134 US

FEI Number: 47-5624115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LASA, FIORELLA M
2000 PONCE DE LEON BLVD.
6 FLOOR
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

Officer/Director Detail :

Title P
Name LASA, ROBERTO C
Address 2000 PONCE DE LEON BLVD.
6 FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name LASA, FIORELLA M
Address 2000 PONCE DE LEON BLVD.
6 FLOOR
City-State-Zip: CORAL GABLES FL 33134

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.

SIGNATURE: FIORELLA LASA

VP

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date