

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000025858

Entity Name: LUNA INSURANCE AGENCY CORP

Current Principal Place of Business:

13794 SW 139 CT
MIAMI, FL 33186

Current Mailing Address:

13794 SW 139 CT
MIAMI, FL 33186 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARRINAGA, FRANCISCO
5225 NW 2ND TER
MIAMI, FL 33126 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 LARRINAGA, FRANCISCO
Address 5225 NW 2ND TER
City-State-Zip: MIAMI FL 33126

Title VP
Name MENDEZ, MILEIDI
Address 5225 NW 2ND TER
City-State-Zip: MIAMI FL 33126

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: FRANCISCO LARRINAGA

PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date