

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P20000008214

Entity Name: HIGHLINE INSURANCE INC

Current Principal Place of Business:

5901 NW 183RD ST
SUITE 101
MIAMI, FL 33015

Current Mailing Address:

5901 NW 183RD ST
SUITE 101
MIAMI, FL 33015 US

FEI Number: 84-4547225

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALDES-ECHEMENDIA, MAYELIN
5901 NW 183RD ST
SUITE 101
MIAMI, FL 33015 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 VALDES-ECHEMENDIA, MAYELIN
Address 19242 NW 67TH PL
City-State-Zip: HIALEAH FL 33015

Title VP
Name BARRIOS MARCOS, GREHT
Address 6671 GARFIELD ST
City-State-Zip: HOLLYWOOD FL 33024

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: MAYELIN VALDES-ECHEMENDIA

P

05/27/2021

Electronic Signature of Signing Officer/Director Detail

Date