

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000014115

**Entity Name:** BARS INSURANCE & REINSURANCE, L.L.C.**Current Principal Place of Business:**1390 BRICKELL AVE.  
SUITE 330  
MIAMI, FL 33131**Current Mailing Address:**1390 BRICKELL AV.  
SUITE 330  
MIAMI, FL 33131 US**FEI Number:** 59-3797400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABITOS PLLC  
255 ARAGON AVENUE, 2ND 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**Authorized Person(s) Detail :**

Title	MGR
Name	ARIGHI, JUAN E
Address	1390 BRICKELL AVE, STE 330
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	LEVI, ERNESTO
Address	1390 BRICKELL AVE, STE. 330
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	ENGWALD, ROALD DICK
Address	1390 BRICKELL AVE. SUITE 330
City-State-Zip:	MIAMI FL 33131

Title	MGR
Name	CONTRERA, JUAN MANUEL
Address	1390 BRICKELL AVE. SUITE 330
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROALD ENGWALD****MANAGER****01/04/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date