

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000065964

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC7752148895**

**Entity Name:** PREMIUM FINANCE GROUP, L.L.C.

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE  
SUITE 1200  
CORAL GABLES, FL 33134

**Current Mailing Address:**

561 S MASHTA DR  
KEY BISCAYNE, FL 33149

**FEI Number:** 20-3436823

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHIFFRIN, MICHAEL  
9200 SOUTH DADELAND BOULEVARD  
SUITE 208  
MIAMI, FL 33156 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            CEO  
Name            VIDAL, MANUEL A  
Address        561 S MASHTA DR  
City-State-Zip: KEY BISCAYNE FL 33149

Title            MANAGING MEMBER  
Name            VIDAL, DANIELLE M  
Address        255 ALHAMBRA CIRCLE  
                  SUITE 1200  
City-State-Zip: CORAL GABLES FL 33134

Title            MANAGING MEMBER  
Name            VIDAL, MANUEL A JR.  
Address        255 ALHAMBRA CIRCLE  
                  SUITE 1200  
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 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:** MANUEL VIDAL

**CEO**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date