

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065964

Entity Name: PREMIUM FINANCE GROUP, L.L.C.**Current Principal Place of Business:**2600 SOUTH DOUGLAS ROAD
SUITE 1010
CORAL GABLES, FL 33134**Current Mailing Address:**2600 SOUTH DOUGLAS ROAD
SUITE 1010
CORAL GABLES, FL 33134 US**FEI Number:** 20-3436823**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCHIFFRIN, MICHAEL
600 BRICKELL AVE
SUITE 1715
MIAMI, FL 33131 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 A VIDAL

CEO

01/25/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date