

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000120072

**Entity Name:** PAN AMERICAN INSURANCE GROUP, LLC

**FILED**  
**Apr 20, 2017**  
**Secretary of State**  
**CC6278088328**

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE  
SUITE 925  
CORAL GABLES, FL 33134

**Current Mailing Address:**

150 ALHAMBRA CIRCLE  
SUITE 925  
CORAL GABLES, FL 33134 US

**FEI Number:** 27-1652405

**Certificate of Status Desired:** Yes

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

FLORIDA ANNUAL REPORT SERVICES, INC  
2300 CORAL WAY  
MIAMI, FL 33145 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 CANTERA-SERRALTA, MONICA  
Address 150 ALHAMBRA CIRCLE  
SUITE 925  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name CRUZ-RODRIGUEZ, MELISSA  
Address 6200 SW 67TH AVE  
City-State-Zip: MIAMI FL 33143

*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:** MONICA CANTERA-SERRALTA

**MGR**

**04/20/2017**

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

\_\_\_\_\_  
Date