

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000011889

**Entity Name:** PAN AMERICAN PRIVATE CLIENT INSURANCE AGENCY, LLC

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC0888906653**

**Current Principal Place of Business:**

121 ALHAMBRA PLAZA  
SUITE 1501  
CORAL GABLES, FL 33134

**Current Mailing Address:**

121 ALHAMBRA PLAZA  
SUITE 1501  
CORAL GABLES, FL 33134

**FEI Number: 38-3867170**

**Certificate of Status Desired: No**

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

ALENCAR, FLORIANO  
121 ALHAMBRA PLAZA  
SUITE 1501  
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:** FLORIANO ALENCAR

04/26/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PAN AMERICAN LIFE INSURANCE  
GROUP, INC.  
Address 601 POYDRAS STREET  
City-State-Zip: NEW ORLEANS LA 70130

*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:** FLORIANO ALENCAR

**REGSITERED AGENT**

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date