

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000135214

Entity Name: PECO INSURANCE, LLC.

Current Principal Place of Business:

1111 PARK CENTRE BLVD
SUITE 340
MIAMI, FL 33169

Current Mailing Address:

1111 PARK CENTRE BLVD
SUITE 340
MIAMI, FL 33169 US

FEI Number: 46-1253033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATISTA, JULIO C
1111 PARK CENTRE BLVD
SUITE 340
MIAMI, FL 33169 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: JULIO BATISTA

01/22/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MEMBER
Name	BATISTA, JULIO CESAR
Address	1111 PARK CENTRE BLVD SUITE 340
City-State-Zip:	MIAMI FL 33169
Title	MANAGER
Name	PACHECO, MARIA CRISTINA
Address	1111 PARK CENTRE BLVD SUITE 340
City-State-Zip:	MIAMI FL 33169

Title	MEMBER
Name	DIAZ, ANNERYYS
Address	3500 MYSTIC POINTE DR SUITE 1801
City-State-Zip:	AVENTURA FL 33180
Title	MANAGER
Name	FERNANDEZ, YAQUELIN
Address	1111 PARK CENTRE BLVD SUITE 340
City-State-Zip:	MIAMI FL 33169

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: JULIO BATISTA

MEMBER

01/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date