

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000135214

**Entity Name:** PECO INSURANCE, LLC.

**Current Principal Place of Business:**

12484 NW SOUTH RIVER DR  
SUITE 322  
MEDLEY, FL 33178

**Current Mailing Address:**

12484 NW SOUTH RIVER DR  
322  
MEDLEY, FL 33178 US

**FEI Number:** 46-1253033

**Certificate of Status Desired:** No

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

BATISTA, JULIO C  
12484 NW SOUTH RIVER DR  
SUITE 322  
MEDLEY, FL 33178 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 MGRM  
Name BATISTA, JULIO  
Address 7220 WALLACE RD  
505  
City-State-Zip: CHARLOTTE NC 28212

Title MEMBER  
Name BATISTA, VERONICA  
Address 12484 NW SOUTH RIVER DR  
322  
City-State-Zip: MEDLEY FL 33178

Title MEMBER  
Name DIAZ, ANNERYYS  
Address 15623 NW 12 CT  
City-State-Zip: PEMBROKE PINES FL 33078

*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

**DIRECTOR**

**03/02/2021**

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

\_\_\_\_\_  
Date