

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000177375

**Entity Name:** SUPER INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1431 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1431 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-4427823

**Certificate of Status Desired:** No

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

LLORENTE, ORESTES  
1431 PONCE DE LEON BLVD  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GENUINE TRUST INVESTMENT, INC.  
Address 1431 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name NEW HEALTH PLANS, LLC  
Address 1 LUDLAM DRIVE  
City-State-Zip: MIAMI SPRINGS FL 33166

*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:** ORESTES LLORENTE

MEMBER

01/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date