

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000177375

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

**Current Principal Place of Business:**

2122 SW 67 AVE  
MIAMI, FL 33155

**Current Mailing Address:**

2122 SW 67 AVE  
MIAMI, FL 33155 US

**FEI Number:** 46-4427823

**Certificate of Status Desired:** No

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

LLORENTE, ORESTES  
2122 SW 67 AVE  
MIAMI, FL 33155 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 2122 SW 67 AVE  
City-State-Zip: MIAMI FL 33155

*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

**PRESIDENT**

**01/11/2023**

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

\_\_\_\_\_  
Date