

2019 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

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

MGRM

01/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date