

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000173630

Entity Name: GRACE INSURANCE, LLC

Current Principal Place of Business:

20922 SOUTH DIXIE HWY
MIAMI, FL 33189

Current Mailing Address:

20922 SOUTH DIXIE HWY
MIAMI, FL 33189 US

FEI Number: 47-2345408

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARLOS, MARELYN C
11981 SW 210TH ST
MIAMI, FL 33177 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: MARELYN C. CARLOS

04/21/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name CARLOS, MARELYN C
Address 11981 SW 210TH ST
City-State-Zip: MIAMI FL 33177

Title MANAGER
Name MEDINA, JEFFREY H
Address 15072 SW 117TH TERR
City-State-Zip: MIAMI FL 33196

Title MANAGER
Name MEDINA, ESTEBAN A
Address 15072 SW 117TH TERR
City-State-Zip: MIAMI FL 33196

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: MARELYN C CARLOS

MANAGER

04/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date