

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000117529

**FILED**  
**May 14, 2020**  
**Secretary of State**  
**0480016166CC**

**Entity Name:** ATRIO INSURANCE GROUP LLC

**Current Principal Place of Business:**

999 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

**Current Mailing Address:**

999 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US

**FEI Number:** 81-3032319

**Certificate of Status Desired:** Yes

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

ARRIA, ALFONSO  
999 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 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:** ALFONSO ARRIA

05/14/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name D'ALESSANDRO, DANIELA  
Address 999 BRICKELL AVENUE  
SUITE 900  
City-State-Zip: MIAMI FL 33131

Title AMBR  
Name CEDENO CAMACHO, RAFAEL  
Address 999 BRICKELL AVENUE  
SUITE 900  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name ARRIA R, ALFONSO J  
Address 999 BRICKELL AVENUE  
SUITE 900  
City-State-Zip: MIAMI FL 33131

*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:** ALFONSO J ARRIA R

MGR

05/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date