

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000117529

**Entity Name:** ATRIO INSURANCE GROUP LLC

**Current Principal Place of Business:**

999 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131

**FILED**  
**Apr 05, 2018**  
**Secretary of State**  
**CC0317264058**

**Current Mailing Address:**

999 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 US

**FEI Number: 81-3032319**

**Certificate of Status Desired: No**

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

ROSARIO, MARIA  
2137 NW 2ND AVENUE  
MIAMI, FL 33127 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            AMBR  
Name            D'ALESSANDRO, DANIELA  
Address        999 BRICKELL AVENUE  
                  SUITE 900  
City-State-Zip: MIAMI FL 33131

Title            AMBR  
Name            CEDENO, 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: ARRIA R ALFONSO J**

**MGR**

**04/05/2018**

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

\_\_\_\_\_  
Date