

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000134472

**Entity Name:** VANTAGE POINTE INSURANCE GROUP LLC

**Current Principal Place of Business:**

2200 N COMMERCE PARKWAY  
200  
WESTON, FL 33326

**FILED**  
**Apr 11, 2018**  
**Secretary of State**  
**CC5722454333**

**Current Mailing Address:**

2200 N COMMERCE PARKWAY  
200  
WESTON, FL 33326

**FEI Number: 81-3311013**

**Certificate of Status Desired: No**

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

PIMENTEL, YARA G  
4400 SW 160TH AVE  
MIRAMAR, FL 33027 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 MGR  
Name PIMENTEL, YARA G  
Address 2200 N COMMERCE PARKWAY SUITE  
200  
City-State-Zip: WESTON FL 33326

*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: YARA PIMENTEL** \_\_\_\_\_

**PRESIDENT**

**04/11/2018**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date