

2019 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

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

04/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date