

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000180650

**Entity Name:** UNIVERSAL INSURANCE AND REINSURANCE LLC

**Current Principal Place of Business:**

1101 BRICKELL AVE SOUTH TOWER 8TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

1101 BRICKELL AVENUE SOUTH TOWER 8TH FLOOR  
MIAMI, FL 33131 US

**FEI Number:** 81-4011100

**Certificate of Status Desired:** No

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

ORANTES, ROSA EMILIA  
1101 BRICKELL AVENUE SOUTH TOWER 8TH FLOOR  
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:** ROSA EMILIA ORANTES

02/15/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ORANTES DE OSEGUEDA, ROSA E  
Address 1101 BRICKELL AVENUE SOUTH  
TOWER 8TH FLOOR  
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:** ORANTES DE OSEGUEDA , ROSA E

AMBR

02/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date