

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000058391

Entity Name: VINA INSURANCE GROUP, LLC

Current Principal Place of Business:

2180 9TH STREET
SARASOTA, FL 34237

Current Mailing Address:

2180 9TH STREET
SARASOTA, FL 34237 US

FEI Number: 82-0860724

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VINA, BOBBI A
406 BRYN MAWR IS.
BRADENTON, FL 34207 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 OWNER
Name VINA, BOBBI A
Address 2180 9TH STREET
City-State-Zip: SARASOTA FL 34237

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: BOBBI VINA

OWNER

01/11/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date