

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L17000170531

**Entity Name:** HOOLI INSURANCE GROUP LLC

**Current Principal Place of Business:**

20900 NE 30 AVE  
200-27  
AVENTURA, FL 33180

**Current Mailing Address:**

20900 NE 30 AVE  
200-27  
AVENTURA, FL 33180 US

**FEI Number:** 82-2459052

**Certificate of Status Desired:** No

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

MANCS GROUP LLC  
20900 NE 30 AVE  
200-27  
AVENTURA, FL 33180 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 MGRMBR  
Name VOLINSKY, MARIANA  
Address 20900 NE 30 AVE  
200-27  
City-State-Zip: AVENTURA FL 33180

Title MGRMBR  
Name PEREIRA, MARIA EUGENIA  
Address 20900 NE 30 AVE  
200-27  
City-State-Zip: AVENTURA FL 33180

Title MEMBER  
Name FUSELIER, THOMAS  
Address 20900 NE 30 AVE  
200-27  
City-State-Zip: AVENTURA FL 33180

*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:** MARIANA VOLINSKY

MGRMBR

06/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date