

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000170531

**Entity Name:** HOOLI INSURANCE GROUP LLC**Current Principal Place of Business:**450 N PARK ROAD  
SUITE 804  
HOLLYWOOD, FL 33021**Current Mailing Address:**450 N PARK ROAD  
SUITE 804  
HOLLYWOOD, FL 33021 US**FEI Number:** 82-2459052**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORACIONES AMERICA 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:** JOSE NICENBOIM

04/28/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PEREIRA, MARIA EUGENIA  
Address 450 N PARK ROAD  
SUITE 804  
City-State-Zip: HOLLYWOOD FL 33021

Title MGRM  
Name FUSELIER, THOMAS  
Address 450 N PARK ROAD  
SUITE 804  
City-State-Zip: HOLLYWOOD FL 33021

Title MGRM  
Name VOLINSKY, MARIANA  
Address 450 N PARK ROAD  
SUITE 804  
City-State-Zip: HOLLYWOOD FL 33021

*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:** THOMAS FUSELIER

MGR

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date