

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000189245

**Entity Name:** PINI INSURANCE 4, LLC

**Current Principal Place of Business:**

14380 SW 139 CT.  
MIAMI, FL 33186

**Current Mailing Address:**

14380 SW 139 CT.  
MIAMI, FL 33186 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BARRIOS-BALBIN, P.A.  
201 ALHAMBRA CIRCLE  
500  
CORAL GABLES, FL 33134 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 FERNANDEZ, ZOILA

Address 6285 SW 40TH STREET

City-State-Zip: MIAMI FL 33155

Title MGR

Name FERNANDEZ, GUILLERMO

Address 6285 SW 40TH STREET

City-State-Zip: MIAMI FL 33155

Title MGR

Name FERNANDEZ, GUSTAVO

Address 14380 SW 139 CT.

City-State-Zip: MIAMI FL 33186

*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:** GUILLERMO FERNANDEZ

MGR

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date