

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

DOCUMENT# L17000247211

**Entity Name:** GRACE INSURANCE, 2 LLC

**Current Principal Place of Business:**

1183 WEST 29 STREET  
SUITE D  
HIALEAH, FL 33012

**Current Mailing Address:**

1183 WEST 29 STREET  
SUITE D  
HIALEAH, FL 33012 US

**FEI Number:** 52-4210272

**Certificate of Status Desired:** No

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

CARLOS, MARELY C  
1183 WEST 29 STREET  
SUITE D  
HIALEAH, FL 33012 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	AMBR	Title	MGR
Name	ARAUJO, SHERLEY	Name	CARLOS, MARELYN C
Address	1183 WEST 29 STREET SUITE D	Address	1183 WEST 29 STREET SUITE D
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

*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:** SHERLEY ARAUJO

AMBR

08/11/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date