

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000204467

Entity Name: NALIPOINT INSURANCE GROUP, LLC

Current Principal Place of Business:

4314 SW 97 AVE.
MIAMI, FL 33165

Current Mailing Address:

4314 SW 97 AVE.
MIAMI, FL 33165

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PORTOMENE, NALIA
4314 SW 97 AVE.
MIAMI, FL 33165 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	P	Title	VP
Name	PORTOMENE, NALIA	Name	PORTOMENE, JESUS
Address	4314 SW 97 AVE.	Address	4314 SW 97 AVE.
City-State-Zip:	MIAMI FL 33165	City-State-Zip:	MIAMI FL 33165

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: NALIA M PORTOMENE

P

02/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date