

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000226702

**Entity Name:** PROFESSIONAL INSURANCE GROUP OF USA LLC

**Current Principal Place of Business:**

3650 NW 36TH ST APT 1012  
MIAMI, FL 33142

**Current Mailing Address:**

3650 NW 36TH ST APT 1012  
MIAMI, FL 33142 US

**FEI Number: 83-2044246**

**Certificate of Status Desired: No**

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

LUCES, GINETT C  
3650 NW 36TH ST APT 1012  
MIAMI, FL 33142 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	Title	MGR
Name	DE JESUS PALMIERI, JOEL	Name	LUCES, GINETT
Address	3650 NW 36TH ST APT 1012	Address	3650 NW 36TH ST APT 1012
City-State-Zip:	MIAMI FL 33142	City-State-Zip:	MIAMI FL 33142

*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: GINETT LUCES**

**MGR**

**06/03/2020**

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

\_\_\_\_\_  
Date