

2019 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 606
MIAMI, FL 33142

Current Mailing Address:

3650 NW 36TH ST APT 606
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 606
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 606	Address	3650 NW 36TH ST APT 606
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

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date