

2021 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 MEMBER, PRESIDENT
Name DE JESUS PALMIERI, JOEL
Address 3650 NW 36TH ST APT 1012
City-State-Zip: MIAMI FL 33142

Title MEMBER, VP
Name LUCES, GINETT
Address 3650 NW 36TH ST APT 1012
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: JOEL DE JESUS PALMIERI

MEMBER/PRESIDENT

04/30/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date