

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000041233

**Entity Name:** SERVICIOS INTEGRALES ASEGURATE LLC

**Current Principal Place of Business:**

8504 NW 66ST  
8504  
MIAMI, FL 33166

**Current Mailing Address:**

8504 NW 66ST  
8504  
MIAMI, FL 33166 US

**FEI Number:** 83-3822210

**Certificate of Status Desired:** No

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

MAGGI, JUAN CARLOS SR.  
1500 NW 89 COURT  
SUITE 104  
DORAL, FL 33172 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:** JUAN CARLOS MAGGI

01/26/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MBR	Title	SECRETARY
Name	ANTONORSI, KRISTINA	Name	ANTONORSI, SUSANA
Address	55 NE 5TH ST APT 1809	Address	55 NE 5TH ST APT 1809
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132

*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:** ANTONORSI , KRISTINA

01/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date