## **2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000369745

Entity Name: OPULENCE INSURANCE GROUP LLC

**Current Principal Place of Business:** 

201 SOUTH BISCAYNE BLVD. 28TH FLOOR MIAMI, FL 33131

## **Current Mailing Address:**

125 NE 32ND STREET **UNIT 720** MIAMI, FL 33137 US

FEI Number: 85-3997555 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

SILVA, JENNIFER 125 NE 32ND STREET **UNIT 720** MIAMI, FL 33137 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: JENNIFER SILVA 12/06/2023

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name DORFMAN, EUGENE Name SILVA, JENNIFER 125 NE 32ND STREET Address 125 NE 32ND STREET Address MIAMI FL 33137 City-State-Zip: MIAMI FL 33137 City-State-Zip:

COO Title MGR Title

Name SERRANO, STEPHANIE SLOSS, ERIN Name

Address 125 NE 32ND STREET Address 125 NE 32ND STREET

**UNIT 720** MIAMI FL 33137

City-State-Zip: City-State-Zip: MIAMI FL 33137

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: EUGENE DORFMAN

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

12/06/2023

**FILED** Dec 06, 2023

**Secretary of State** 

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