

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000486078

Entity Name: RAFA INSURANCE GROUP LLC

Current Principal Place of Business:

1518 EAST 4TH AVENUE
HIALEAH, FL 33010

Current Mailing Address:

1518 EAST 4TH AVENUE
HIALEAH, FL 33010 US

FEI Number: 87-3575049

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABRIL, DANAISE Y
11215 SW 203RD TERRACE
MIAMI, FL 33189 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 P
Name ABRIL, DANAISE Y
Address 11215 SW 203RD TERRACE
City-State-Zip: MIAMI FL 33189

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: DANAISE Y ABRIL

P

01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date