

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000463696

Entity Name: PRO MAL INSURANCE RPG, LLC

Current Principal Place of Business:

2952 FAIRMOUNT BLVD
SUITE 204
CLEVELAND HEIGHTS, OH 44118

Current Mailing Address:

2952 FAIRMOUNT BLVD
SUITE 204
CLEVELAND HEIGHTS, OH 44118 US

FEI Number: 88-4243301

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC
7901 4TH ST N STE 300
5106
ST. PETERSBURG, FL 33702 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 DIRECTOR OF CAPTIVE INSURANCE
Name PREFERRED CAPTIVE SOLUTIONS
Address 2952 FAIRMOUNT BLVD
 SUITE 204
City-State-Zip: CLEVELAND HEIGHTS OH 44118

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: MARC LAPOINTE

**DIRECTOR OF CAPTIVE
INSURANCE**

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date