

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003539

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**6896960913CC**

**Entity Name:** GENERIC INSURANCE AGENCIES OF NORTH CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

ONE SOUTH EAST THIRD AVENUE  
MIAMI, FL 33131

**Current Mailing Address:**

ONE SOUTH EAST THIRD AVENUE  
MIAMI, FL 33131 US

**FEI Number: 59-3391186**

**Certificate of Status Desired: No**

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

HASNER, MARK MESQ  
ONE SOUTH EAST THIRD AVENUE  
2950  
MIAMI, FL 33131 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	MGR	Title	MGR
Name	RUBIERA, NIRIO	Name	RUBIERA, WALTER
Address	ONE SOUTH EAST THIRD AVENUE 2950	Address	ONE SOUTH EAST THIRD AVENUE 2950
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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: NIRIO RUBIERA**

**MGR**

**01/15/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date