

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000008921

Entity Name: FIRSTBANK INSURANCE AGENCY, LLC

Current Principal Place of Business:

1519 PONCE DE LEON AVE, 23 1/2 PH FLOOR
SAN JUAN, PR 00918

Current Mailing Address:

PO BOX 9146
SAN JUAN, PR 00908 PR

FEI Number: 66-0577926

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HUB INTERNATIONAL MIDWEST LIMITED CORPORAT
10368 WEST STATE ROAD 84, SUITE 201
DAVIE, FL 33324 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 MBR
Name FIRST BANCORP
Address 1519 PONCE DE LEON AVE, 23 1/2 PH FLOOR
City-State-Zip: SAN JUAN AL 00918

Title MA
Name BAEZ, ALFREDO
Address 1519 PONCE DE LEON AVE, 23 1/2 PH FLOOR
City-State-Zip: SAN JUAN AL 00918

Title A
Name ALEMAN, AURELIO
Address 1519 PONCE DE LEON AVE, 23 1/2 PH FLOOR
City-State-Zip: SAN JUAN AL 00918

Title A
Name BERGES, ORLANDO
Address 1519 PONCE DE LEON AVE, 23 1/2 PH FLOOR
City-State-Zip: SAN JUAN AL 00918

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: IVELISSE MARTINEZ

ASSISTANT

02/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date