

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000008921

**Entity Name:** FIRSTBANK INSURANCE AGENCY, LLC**Current Principal Place of Business:**AVE ARTERIAL HOSTO ESQ CALLE 2  
SAN JUAN, 00918**Current Mailing Address:**PO BOX 9146  
SAN JUAN, PR 00908 PR**FEI Number:** 66-0577926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OCASIO, SHEILA  
800 WATERFORD WAY  
SUITE 800  
MIAMI, FL 33126 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:** SHEILA OCASIO

01/10/2024

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:** BAEZ, ALFREDO**PRESIDENT**

01/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date