

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000120072

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** PAN AMERICAN INSURANCE GROUP, LLC

**Current Principal Place of Business:**

150 ALHAMBRA CIRCLE  
SUITE 925  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

150 ALHAMBRA CIRCLE  
SUITE 925  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:** 27-1652405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FLORIDA ANNUAL REPORT SERVICES, INC  
2300 CORAL WAY  
MIAMI, FL 33145 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CANTERA-SERRALTA, MONICA  
**Address:** 150 ALHAMBRA CIRCLE  
**City-St-Zip:** CORAL GABLES, FL 33134 US

**Title:** MGR  
**Name:** CRUZ-RODRIGUEZ, MELISSA  
**Address:** 6200 SW 67TH AVE  
**City-St-Zip:** MIAMI, FL 33143 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** MONICA CANTERA-SERRALTA

MGR

02/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date