

h21 000269973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

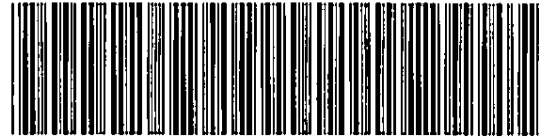
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2021 SEP 14 AM 11:25  
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TALLAHASSEE, FLORIDA

09/17/2021  
JH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2021 SEP 14 PM 12:04

August 23, 2021

THERESA SANTANA  
18501 PINES BLVD  
SUITE 340  
PEMBROKE PINES, FL 33029 US

SUBJECT: CANAAN INTERNATIONAL INSURANCE CONSULTING LLC  
Ref. Number: L21000269973

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 521A00020177

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mailing address change/Suite No. change on registered agent/ add Suite No. to MGR address  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** L21000269973

The enclosed Statement of Change of Registered Office and/or Registered Agent and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Theresa Santana

Contact Person

Canaan International Insurance Consulting LLC

Firm/Company

18501 Pines Blvd., Suite 340

Address

Pembroke Pines, FL 33029

City, State and Zip Code

tsantana@canaaninternational.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Santana

at ( 786 ) 865-4827

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: PANAAN INTERNATIONAL Insurance Consulting LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 06/10/2021 4. 221000269973  
Date of filing/registration in Florida Document number

5. (a) PANAAN INTERNATIONAL Consulting LLC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

18501 Pines Boulevard Suite 340

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Penelope Pines

\_\_\_\_\_, FL 33029

(b) PANAAN INTERNATIONAL Consulting LLC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

18501 Pines Blvd, Suite 340

NEW Registered Office Address:

Penelope Pines

\_\_\_\_\_, FL 33029

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

TERESA SANTANA  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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TALLAHASSEE, FL  
SECRETARY OF STATE