

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000053365

**Entity Name:** ILN INSURANCE, INC.

**Current Principal Place of Business:**

528 NW 7TH AVENUE  
MIAMI, FL 33136

**Current Mailing Address:**

528 NW 7TH AVENUE  
MIAMI, FL 33136 US

**FEI Number: 83-0878184**

**Certificate of Status Desired: No**

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

CARRERA, JUAN  
221 SW LEJEUNE ROAD  
3RD FLOOR  
MIAMI, FL 33134 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

**Officer/Director Detail :**

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Title           | P                 | Title           | VP                |
| Name            | HERRERA, IVAN     | Name            | CASTRO, LUIS      |
| Address         | 528 NW 7TH AVENUE | Address         | 528 NW 7TH AVENUE |
| City-State-Zip: | MIAMI FL 33136    | City-State-Zip: | MIAMI FL 33136    |

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: HERRERA , IVAN**

**CEO**

**03/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date