

**2026 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000012157

**Entity Name:** LMA INSURANCE GROUP CORP

**Current Principal Place of Business:**

11031 SEA HIBISCUS LN  
TAMARAC, FL 33321

**Current Mailing Address:**

11031 SEA HIBISCUS LN  
TAMARAC, FL 33321 US

**FEI Number:** 92-2387736

**Certificate of Status Desired:** No

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

APONTE, LUISA  
7875 NW 107TH AVE  
APTO 405  
DORAL, FL 33178 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  
Name APONTE, LUISA  
Address 7875 NW 107TH AVE  
APTO 405  
City-State-Zip: DORAL FL 33178

*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:** LUISA APONTE

P

03/24/2026

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

\_\_\_\_\_  
Date