

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000012157

Entity Name: LMA INSURANCE GROUP CORP

Current Principal Place of Business:

10763 NW 53RD LN
DORAL, FL 33178

Current Mailing Address:

10763 NW 53RD LN
DORAL, FL 33178 US

FEI Number: 92-2387736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APONTE, LUISA
10763 NW 53RD LN
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 10763 NW 53RD LN
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

04/09/2025

Electronic Signature of Signing Officer/Director Detail

Date