

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000088970

Entity Name: USA SPECIALTY INSURANCE, LLC

Current Principal Place of Business:

7500 NW 25TH STREET
OFFICE 108 OFFICE 108
DORAL, FL 33122-1711

Current Mailing Address:

7500 NW 25TH ST
OFFICE 108
DORAL, FL 33122-1711 US

FEI Number: 14-1978757

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MEDINA , JOHN J. SR.
7500 NW 25TH STREET
OFFICE 108 OFFICE 108
DORAL, FL 33122-1711 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: JOHN MEDINA

01/24/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MEDINA , JOHN J
Address 7500 NW 25TH STREET
OFFICE 108
City-State-Zip: DORAL FL 33122-1711

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MEDINA , JOHN J

**COMPANY OWNER AND
MANAGER**

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date