

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000088970

**Entity Name:** USA SPECIALTY INSURANCE, LLC

**Current Principal Place of Business:**

9101 W OKEECHOBEE ROAD  
OFFICE 201  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

9101 W OKEECHOBEE ROAD  
OFFICE 201  
HIALEAH GARDENS, FL 33016 US

**FEI Number:** 14-1978757

**Certificate of Status Desired:** No

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

MEDINA , JOHN J. SR.  
9101 W OKEECHOBEE ROAD  
OFFICE 201  
HIALEAH GARDENS, FL 33016 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

03/16/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MEDINA , JOHN J  
Address 9101 W OKEECHOBEE ROAD  
OFFICE 201  
City-State-Zip: HIALEAH GARDENS FL 33016

*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:** JOHN MEDINA

OWNER

03/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date