

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048110

Entity Name: PINI INSURANCE, LLC

Current Principal Place of Business:

6285 SW 40 ST
MIAMI, FL 33155

Current Mailing Address:

6285 SW 40 ST
MIAMI, FL 33155 US

FEI Number: 36-4755267

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, ANTONIA
6285 SW 40 ST
MIAMI, FL 33155 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: SERGIO FLEITES

04/26/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|--------------------|-----------------|--------------------|
| Title | MGR | Title | MANAGER |
| Name | FERNANDEZ, ANTONIA | Name | FERNANDEZ, WILLIAM |
| Address | 6285 SW 40 ST | Address | 6285 SW 40 ST |
| City-State-Zip: | MIAMI FL 33155 | City-State-Zip: | MIAMI FL 33155 |

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: ANTONIA FERNANDEZ

MANAGER

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date