

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000016336

Entity Name: PINI INSURANCE #2, LLC.

Current Principal Place of Business:

6285 SW 40 ST
MIAMI, FL 33155

Current Mailing Address:

6285 SW 40 ST
MIAMI, FL 33155

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLEITES, SERGIO
1575 SW 87 AVE
MIAMI, FL 33174 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

04/28/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FERNANDEZ, ZOILA
Address 6285 SW 40 ST
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: ZOILA FERNANDEZ

MGR

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date