## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000016336

Entity Name: PINI INSURANCE #2, LLC.

**Current Principal Place of Business:** 

14380 SW 139 CT. MIAMI, FL 33186

**Current Mailing Address:** 

14380 SW 139 CT. MIAMI, FL 33186 US

FEI Number: 37-1713705 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 04/28/2021

Electronic Signature of Registered Agent

Date

**FILED** Apr 28, 2021

**Secretary of State** 

1659351011CC

Authorized Person(s) Detail:

Title MGR Title MANAGER

Name FERNANDEZ, ZOILA Name FERNANDEZ, WILLIAM

Address 14380 SW 139 CT Address 14380 SW 139 CT City-State-Zip: MIAMI FL 33186 City-State-Zip: MIAMI FL 33186

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: WILLIAM FERNANDEZ

**MANAGER** 

04/28/2021