

**2013 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:** Yes

**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

02/08/2013

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ZOILA FERNANDEZ

PRESIDENT

02/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date