

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000020809

Entity Name: LIFELINE INSURANCE GROUP, LLC.**Current Principal Place of Business:**9725 SW 164 ST
MIAMI, FL 33157**Current Mailing Address:**9725 SW 164 ST
MIAMI, FL 33157 US**FEI Number:** 27-1922334**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DOMINGUEZ, EDUARDO L
9725 SW 164 ST
MIAMI, FL 33157 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:** EDUARDO L DOMINGUEZ

06/12/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGING MEMBER
Name	DOMINGUEZ, EDUARDO L
Address	13500 SW 88 ST 211A
City-State-Zip:	MIAMI FL 33186

Title	MANAGING MEMBER
Name	CAIRONE, CAROLINA
Address	13500 SW 88 ST 211A
City-State-Zip:	MIAMI FL 33186

Title	AUTHORIZED MEMBER
Name	DOMINGUEZ, MODESTO A
Address	13500 SW 88 ST 211A
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: EDUARDO L DOMINGUEZ

MANAGING MEMBER

06/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date