

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000012900

**Entity Name:** SALIX INSURANCE SOLUTIONS LLC

**Current Principal Place of Business:**

2475 BRICKELL AVENUE  
1807  
MIAMI, FL 33129

**Current Mailing Address:**

2475 BRICKELL AVENUE  
1807  
MIAMI, FL 33129 US

**FEI Number:** 46-1873087

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RESTREPO, CAMILO  
2475 BRICKELL AVENUE  
1807  
MIAMI, FL 33129 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:** CAMILO RESTREPO

04/04/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RESTREPO TORRES, CAMILO  
Address 2475 BRICKELL AVENUE  
1807  
City-State-Zip: MIAMI FL 33129

Title MGR  
Name TURK, GUILLERMO  
Address CRA. 1 #108-30  
City-State-Zip: BOGOTA CO 10000

Title MGR  
Name DURAN ARIZA, GONZALO  
Address 5700 SUGARBUSH LANE  
City-State-Zip: ROCKVILLE MD 20852

*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:** CAMILO RESTREPO TORRES

MGRM

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date