

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000048393

Entity Name: DENERAL AUTO INSURANCE CENTER LLC**Current Principal Place of Business:**4826 PEMBROKE RD
HOLLYWOOD, FL 33023**Current Mailing Address:**4826 PEMBROKE RD
HOLLYWOOD, FL 33023 US**FEI Number:** 46-5221789**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCELIN, FRANK F
4826 PEMBROKE RD
HOLLYWOOD, FL 33023 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	MARCELIN, FRANK
Address	4826 PEMBROKE RD
City-State-Zip:	HOLLYWOOD FL 33023

Title	AUTHORIZED MEMBER
Name	MARTINEZ, GILBERT
Address	6706 NW 72 AVENUE
City-State-Zip:	MIAMI FL 33166

Title	AUTHORIZED MEMBER
Name	SIMEON, ELIZABETH
Address	1863 SW 9 STREET
City-State-Zip:	MIAMI FL 33135

Title	AUTHORIZED MEMBER
Name	FREEDOM INSURANCE GROUP OF FLORIDA LLC
Address	6706 NW 72 AVENUE
City-State-Zip:	MIAMI FL 33166

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: FRANK MARCELIN**PRESIDENT****08/20/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date