

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000185607

Entity Name: HI-LINE INSURANCE CO., LLC

Current Principal Place of Business:

3629 DAVIE BLVD
FORT LAUDERDALE, FL 33312

Current Mailing Address:

3629 DAVIE BLVD
FORT LAUDERDALE, FL 33312

FEI Number: 47-2567059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUPOUX, SOPHIA M
3629 DAVIE BLVD
FORT LAUDERDALE, FL 33312 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: SOPHIA DUPOUX

12/09/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name DUPOUX, JEAN R
Address 3629 DAVIE BLVD
City-State-Zip: FORT LAUDERDALE FL 33312

Title PRESIDENT
Name DUPOUX, SOPHIA MARIE
Address 3629 DAVIE BLVD
City-State-Zip: FORT LAUDERDALE FL 33312

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: SOPHIA DUPOUX

PRES

12/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date