

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000164280

**Entity Name:** PINI INSURANCE #3 LLC

**Current Principal Place of Business:**

14380 SW 139 CT.  
MIAMI, FL 33186

**Current Mailing Address:**

14380 SW 139 CT.  
MIAMI, FL 33186 US

**FEI Number:** 47-5455157

**Certificate of Status Desired:** No

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

FERNANDEZ, ANTONIA  
6285 SW 40 ST  
MIAMI, FL 33155 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                | Title           | MANAGER            |
| Name            | FERNANDEZ, ANTONIA | Name            | FERNANDEZ, WILLIAM |
| Address         | 6285 SW 40 ST      | Address         | 6285 SW 40 ST      |
| City-State-Zip: | MIAMI FL 33155     | 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM FERNANDEZ

**MANAGER**

**04/26/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date