

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000164280

Entity Name: PINI INSURANCE #3 LLC

Current Principal Place of Business:

6285 SW 40 ST
MIAMI, FL 33155

Current Mailing Address:

6285 SW 40 ST
MIAMI, FL 33155

FEI Number: 47-5455157

Certificate of Status Desired: Yes

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: ANTONIA FERNANDEZ

MGR

04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date