

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L16000190601

**Entity Name:** MPF INSURANCE LLC**Current Principal Place of Business:**4745 SW 8TH ST  
MIAMI, FL 33134**Current Mailing Address:**4745 SW 8TH ST  
MIAMI, FL 33134**FEI Number:** 81-4171371**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MESA, ANA  
4745 SW 8TH ST  
MIAMI, FL 33134 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:** ANA MESA

12/08/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	MESA, ANA I
Address	17500 SW 17TH AVE
City-State-Zip:	MIAMI FL 33175

Title	MGR
Name	CASTANEDA, JOSE FERNANDO
Address	4745 SW 8TH ST
City-State-Zip:	MIAMI FL 33134

Title	MGR
Name	CASTANEDA, GLORIA
Address	4745 SW 8TH ST
City-State-Zip:	MIAMI FL 33134

Title	MGR
Name	LOZANO, INDIRA
Address	4745 SW 8TH ST
City-State-Zip:	MIAMI FL 33134

*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:** JOSE FERNANDO CASTANEDA**MANAGER**

12/08/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date