

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000101242

Entity Name: HSCA INSURANCE LLC

Current Principal Place of Business:

2333 BRICKELL AVE
1605
MIAMI, FL 33129

Current Mailing Address:

2333 BRICKELL AVE.
1605
MIAMI, FL 33129 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SILEN, HECTOR R
2333 BRICKELL AVE
1605
MIAMI, FL 33129 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 SILEN, HECTOR R
Address 2333 BRICKELL AVE
1605
City-State-Zip: MIAMI FL 33129

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: HECTOR SILEN

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date