

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000189245

Entity Name: PINI INSURANCE 4, 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: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARRIOS-BALBIN, P.A.
201 ALHAMBRA CIRCLE
500
CORAL GABLES, 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---------------------|-----------------|----------------------|
| Title | MGR | Title | MGR |
| Name | FERNANDEZ, ZOILA | Name | FERNANDEZ, GUILLERMO |
| Address | 6285 SW 40TH STREET | Address | 6285 SW 40TH STREET |
| City-State-Zip: | MIAMI FL 33155 | City-State-Zip: | MIAMI FL 33155 |
| | | | |
| Title | MGR | | |
| Name | FERNANDEZ, GUSTAVO | | |
| Address | 14380 SW 139 CT. | | |
| City-State-Zip: | MIAMI FL 33186 | | |

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: GUILLERMO FERNANDEZ

MGR

04/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date