

**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