

2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000227651

Entity Name: SELECTA INSURANCE GROUP, LLC

Current Principal Place of Business:

6795 W. CALUMET CIRCLE
WELLINGTON, FL 33467

Current Mailing Address:

6795 W. CALUMET CIRCLE
WELLINGTON, FL 33467 US

FEI Number: 82-3475173

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA-MONTES, ROBERT
6795 W CALUMET CIRCLE
WELLINGTON, FL 33467 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: ROBERT GARCIA-MONTES

04/30/2026

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AP
Name GARCIA-MONTES, ROBERT
Address 6795 W CALUMET CIRCLE
City-State-Zip: WELLINGTON FL 33467

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: ROBERT GARCIA-MONTES

AP

04/30/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date