

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000227651

**Entity Name:** SELECTA INSURANCE GROUP, LLC

**Current Principal Place of Business:**

7700 N KENDALL DRIVE  
411  
MIAMI, FL 33156

**Current Mailing Address:**

7700 N KENDALL DRIVE  
411  
MIAMI, FL 33156

**FEI Number:** 82-3475173

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GARCIA, ALEX  
7700 N KENDALL DRIVE  
411  
MIAMI, FL 33156 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           | AP                   | Title           | PRESIDENT                   |
| Name            | GARCIA, ALEX         | Name            | GARCIA-MONTES, ROBERT       |
| Address         | 7700 N KENDALL DRIVE | Address         | 7700 N KENDALL DRIVE<br>411 |
| City-State-Zip: | MIAMI FL 33156       | City-State-Zip: | MIAMI FL 33156              |

*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

**PRESIDENT**

**06/17/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date