

**2025 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**

**04/30/2025**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
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**

**PRESIDENT**

**04/30/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date