

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000108011

Entity Name: PARDO INSURANCE GROUP LLC

Current Principal Place of Business:

1825 PONCE DE LEON BLVD. #335
CORAL GABLES, FL 33134

Current Mailing Address:

1825 PONCE DE LEON BLVD. #335
CORAL GABLES, FL 33134 US

FEI Number: 83-4560520

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARDO, NEIL
1212 NORTHEAST 2ND STREET
FORT LAUDERDALE, FL 33301 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 MANAGING MEMBER
Name PARDO, NEIL
Address 1825 PONCE DE LEON BLVD. #335
City-State-Zip: CORAL GABLES FL 33134

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: NEIL PARDO

MANAGING MEMBER

03/10/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date