

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000007642

**Entity Name:** SOSA INSURANCE GROUP LLC

**Current Principal Place of Business:**

6826 NW 169TH ST  
HIALEAH, FL 33015

**Current Mailing Address:**

6826 NW 169TH ST  
HIALEAH, FL 33015

**FEI Number: 84-4264637**

**Certificate of Status Desired: Yes**

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

HAWKINS, LIZA  
18642 SW 41 ST  
MIRAMAR, FL 33029 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            CEO  
Name            HAWKINS, LIZA  
Address        18642 SW 41 ST  
City-State-Zip: MIRAMAR FL 33029

*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: LIZA HAWKINS**

**CEO**

**05/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date