

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000067740

Entity Name: 4 PILARES INSURANCE LLC.**Current Principal Place of Business:**2120 W 68 ST
HIALEAH, FL 33016**Current Mailing Address:**2120 W 68 ST
HIALEAH, FL 33016 US**FEI Number:** 86-2160107**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PADRON & ASSOCIATES, INC.
2095 W 76TH STREET
SUITE 102
HIALEAH, FL 33016 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:** RAFAEL M. PADRON

02/24/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name JOSE ALEJANDRO PEREZ ROJAS
Address 2120 W 68 ST
City-State-Zip: HIALEAH FL 33016

Title AMBR
Name ANA MARIA PALMERO DE PEREZ
Address 2120 W 68 ST
City-State-Zip: HIALEAH FL 33016

Title AMBR
Name NESTOR LEONEL REYES RAMOS
Address 2120 W 68 ST
City-State-Zip: HIALEAH FL 33016

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: JOSE ALEJANDRO PEREZ ROJAS

AMBR

02/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date