

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000321483

**Entity Name:** PDF INSURANCE GROUP LLC

**Current Principal Place of Business:**

1463 NW 97TH AVE  
SUITE C  
DORAL, FL 33172

**Current Mailing Address:**

1463 NW 97TH AVE  
SUITE C  
DORAL, FL 33172

**FEI Number:** 88-3386386

**Certificate of Status Desired:** No

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

DAL FARRA, PAOLO A  
1463 NW 97TH AVE  
SUITE C  
DORAL, FL 33172 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 MGR  
Name DAL FARRA, PAOLO A  
Address 1463 NW 97TH AVE SUITE C  
City-State-Zip: DORAL FL 33172

*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:** PAOLO DAL FARRA

MGR

04/30/2025

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

\_\_\_\_\_  
Date