

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000257515

**Entity Name:** PCG TITLE INSURANCE AGENCY LLC

**Current Principal Place of Business:**

1580 SAWGRASS CORPORATE PKWY  
SUITE 130  
SUNRISE, FL 33323

**Current Mailing Address:**

1580 SAWGRASS CORPORATE PKWY  
SUITE 130  
SUNRISE, FL 33323 US

**FEI Number:** 93-1592744

**Certificate of Status Desired:** No

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

LOPEZ, EVELYN A  
1580 SAWGRASS CORPORATE PKWY  
SUITE 130  
SUNRISE, FL 33323 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 RIVAS, HECTOR  
Address 1580 SAWGRASS CORPORATE PKWY  
City-State-Zip: SUNRISE FL 33323

Title MGR  
Name LOPEZ, EVELYN A  
Address 1580 SAWGRASS CORPORATE  
PKWY  
SUITE 130  
City-State-Zip: SUNRISE FL 33323

*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:** HECTOR RIVAS

**MANAGER**

**02/12/2024**

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

\_\_\_\_\_  
Date