2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F27228

Entity Name: ROCHE SURETY AND CASUALTY COMPANY, INC.

Current Principal Place of Business:

4107 NORTH HIMES AVENUE - 2ND FLOOR TAMPA, FL 33607

Current Mailing Address:

4107 NORTH HIMES AVENUE - 2ND FLOOR TAMPA, FL 33607 US

FEI Number: 59-2136562

Name and Address of Current Registered Agent:

MARTIN, MELISA M 4107 NORTH HIMES AVENUE - 2ND FLOOR TAMPA, FL 33607 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

Officer/Director Detail :

Title	CEO	Title	DIRECTOR	
Name	ROCHE, ARMANDO O	Name	ROCHE, LINDA J	
Address	4107 NORTH HIMES AVENUE 2ND FLOOR	Address	4107 NORTH HIMES AVENUE 2ND FLOOR	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	
Title	PD	Title	SEC, TREASURER	
Name	ROCHE, SHANNON	Name	MARTIN, MELISA	
Address	4107 NORTH HIMES AVENUE 2ND FLOOR	Address	4107 NORTH HIMES AVENUE 2ND FLOOR	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	
Title	D	Title	D	
Name	POLLOCK, GEORGE ASR	Name	PRIDA, LUCIANO	
Address	4107 NORTH HIMES AVENUE	Address	1106 NORTH FRANKLIN STREET	
City-State-Zip:	2ND FLOOR TAMPA FL 33607	City-State-Zip:	TAMPA FL 33602	
Title	DIRECTOR	Title	DIRECTOR	
Name	POLLACK, GEORGE	Name	PRIDA, ANDRES	
Address	4107 NORTH HIMES AVENUE	Address	1106 NORTH FRANKLIN STREET	
Address	2ND FLOOR	City-State-Zip:	TAMPA FL 33619	
City-State-Zip:	TAMPA FL 33607	Continuos		
		Continues on page 2		

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

S

SIGNATURE: MELISA MARTIN

Electronic Signature of Signing Officer/Director Detail

FILED Jan 24, 2023 Secretary of State 8633450731CC

Certificate of Status Desired: Yes

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CABALLERO, JOSEPH
Address	4107 NORTH HIMES AVENUE 2ND FLOOR
City-State-Zip:	TAMPA FL 33607