

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000084303

**Entity Name:** ECKERT INSURANCE GROUP, INC.

**Current Principal Place of Business:**

11601 NW 7 AVE  
MIAMI, FL 33168

**FILED**  
**Apr 04, 2016**  
**Secretary of State**  
**CC6259876791**

**Current Mailing Address:**

11601 NW 7 AVE  
MIAMI, FL 33168

**FEI Number: 65-1131093**

**Certificate of Status Desired: No**

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

ECKERT, RAYMOND O  
11601 NW 7 AVE  
MIAMI, FL 33168 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

**Officer/Director Detail :**

Title	P	Title	V
Name	ECKERT, RAYMOND O	Name	ECKERT, NUBIA
Address	11601 NW 7 AVE	Address	11601 NW 7 AVE
City-State-Zip:	MIAMI FL 33168	City-State-Zip:	MIAMI FL 33168

*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.*

**SIGNATURE: RAYMOND O EC KERT**

**PRESIDENT**

**04/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date