

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168834

Entity Name: LIA INSURANCE GROUP, INC.

Current Principal Place of Business:

11001 N DALE MABRY HWY
TAMPA, FL 33618

Current Mailing Address:

16509 MILLAN DE AVILA
TAMPA, FL 33613

FEI Number: 01-0825289

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILLS, FREDERICK J
MORRISON & MILLS, P.A.
1200 W. PLATT ST., SUITE 100
TAMPA, FL 33606 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	PD	Title	ST
Name	LIA, MICHAEL	Name	LIA, ARLENE
Address	16509 MILLAN DE AVILA	Address	16509 MILLAN DE AVILA
City-State-Zip:	TAMPA FL 33613	City-State-Zip:	TAMPA FL 33613

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: MICHAEL LIA

PRES

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date