

**2018 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**

**01/12/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date