

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000071505

**Entity Name:** KNIGHT INSURANCE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

662 N.W. 119 STREET  
MIAMI, FL 33168

**Current Mailing Address:**

662 N.W. 119 STREET  
MIAMI, FL 33168

**FEI Number:** 26-0385988

**Certificate of Status Desired:** No

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

COX, TRACE  
6651 FALCONSGATE AVE  
DAVIE, FL 33331 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           | PT                   | Title           | VPS                      |
| Name            | COX, TRACE           | Name            | SHERSHEVSKY, LARRY       |
| Address         | 6651 FALCONSGATE AVE | Address         | 3208 N.E. 40TH COURT     |
| City-State-Zip: | DAVIE FL 33331       | City-State-Zip: | FORT LAUDERDALE FL 33308 |

*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:** TRACE COX

**PRESIDENT**

**04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date