

2014 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

Name COX, TRACE

Address 6651 FALCONSGATE AVE

City-State-Zip: DAVIE FL 33331

Title VPS

Name SHERSHEVSKY, LARRY

Address 3208 N.E. 40TH COURT

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

PRES

04/08/2014

Electronic Signature of Signing Officer/Director Detail

Date