**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 06, 2015**
**Secretary of State**
**CC5295654221**

DOCUMENT# P07000111499

**Entity Name:** LAMARCA INSURANCE AND FINANCIAL SERVICES, INC.

**Current Principal Place of Business:**

1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948

**FEI Number: 26-1210612**

**Certificate of Status Desired:** No

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

LAMARCA, MICHAEL A
1720 EL JOBEAN ROAD
SUITE 202
PORT CHARLOTTE, FL 33948 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 | DPS | Title | DVPT |
| Name | LAMARCA, MICHAEL A | Name | LAMARCA, MICHELLE L |
| Address | 2358 CHILCOTE TERRACE | Address | 2358 CHILCOTE TERRACE |
| City-State-Zip: | PORT CHARLOTTE FL 33981 | City-State-Zip: | PORT CHARLOTTE FL 33981 |

| | |
|---|---|
| Title | OTHER, SHAREHOLDER |
| Name | ASSURANCE EMPLOYER SOLUTIONS LLC |
| Address | 1720 EL JOBEAN ROAD<br>SUITE 202 |
| City-State-Zip: | PORT CHARLOTTE FL 33948 |

*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 A LAMARCA PRES 01/06/2015

Electronic Signature of Signing Officer/Director Detail — Date