

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000087811

**Entity Name:** ASSURANCE DIMENSIONS, INC.

**Current Principal Place of Business:**

1300 NORTH WESTSHORE BLVD  
205  
TAMPA, FL 33607

**Current Mailing Address:**

1300 NORTH WESTSHORE BLVD  
205  
TAMPA, FL 33607

**FEI Number:** 26-3429295

**Certificate of Status Desired:** No

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

MCNAMARA, MATTHEW  
1811 HAVEN BEND  
TAMPA, FL 33613 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            D  
Name            MCNAMARA, MATTHEW  
Address        1811 HAVEN BEND  
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:** MATTHEW C. MCNAMARA

**PRESIDENT**

**01/10/2014**

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

\_\_\_\_\_ Date