

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000061719

Entity Name: SUAREZ INSURANCE, INC.

Current Principal Place of Business:

400 N. ASHLEY DRIVE
SUITE 1900
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 20054
TAMPA, FL 33622 US

FEI Number: 27-0577912

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUAREZ, MICHAEL A
400 N. ASHLEY DRIVE
SUITE 1900
TAMPA, FL 33602 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 P
Name SUAREZ, MICHAEL A
Address 400 N. ASHLEY DRIVE
SUITE 1900
City-State-Zip: TAMPA FL 33602

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 SUAREZ

PRESIDENT

03/28/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date