

**2017 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 A. SUAREZ

**PRESIDENT**

**04/10/2017**

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

\_\_\_\_\_ Date