

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000025252

**FILED  
Mar 21, 2020  
Secretary of State  
2421627192CC**

**Entity Name:** LIGHT HOUSE INSURANCE GROUP OF FLORIDA INC

**Current Principal Place of Business:**

3620 COLONIAL BLVD SUITE 140  
FORT MYERS, FL 33966

**Current Mailing Address:**

3620 COLONIAL BLVD SUITE 140  
FORT MYERS, FL 33966 US

**FEI Number: 47-3428075**

**Certificate of Status Desired: No**

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

OSPINA CASTANEDA, AILEEN  
3620 COLONIAL BLVD SUITE 140  
FORT MYERS, FL 33966 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 OSPINA CASTANEDA, AILEEN  
Address 3620 COLONIAL BLVD SUITE 140  
City-State-Zip: FORT MYERS FL 33966

Title VP  
Name CASTANEDA, LUIS  
Address 3620 COLONIAL BLVD SUITE 140  
City-State-Zip: FORT MYERS FL 33966

Title TRUSTEE  
Name OSPINA, MARGARITA  
Address 3620 COLONIAL BLVD SUITE 140  
City-State-Zip: FORT MYERS FL 33966

*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: LUIS CASTANEDA**

**VP**

**03/21/2020**

Electronic Signature of Signing Officer/Director Detail

Date