

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040162

Entity Name: SOUTH COAST INSURANCE, INC

Current Principal Place of Business:

18851 NE 29TH AVE
SUITE 500
AVENTURA, FL 33180

Current Mailing Address:

PO BOX 1650
HALLANDALE, FL 33008

FEI Number: 65-0663849

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FEIGENBAUM, DANIEL
18851 NE 29TH AVE STE 500
AVENTURA, FL 33180 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 FEIGENBAUM, DANIEL
Address 18851 NE 29TH AVE
SUITE 500
City-State-Zip: AVENTURA FL 33180

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: DANIEL M FEIGENBAUM

P

04/09/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date