

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000032510

**Entity Name:** RICH LOVINGER INSURANCE, INC.

**Current Principal Place of Business:**

4016 HENDERSON BLVD  
SUITE L  
TAMPA, FL 33629

**Current Mailing Address:**

4016 HENDERSON BLVD  
SUITE L  
TAMPA, FL 33629

**FEI Number:** 59-3569135

**Certificate of Status Desired:** No

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

LOVINGER, RICHARD  
4016 HENDERSON BLVD  
SUITE L  
TAMPA, FL 33629 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            LOVINGER, RICHARD  
Address        4016 HENDERSON BLVD SUITE L  
City-State-Zip: TAMPA FL 33629

*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:** RICHARD LOVINGER

D

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date