

2015 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

02/08/2015

Electronic Signature of Signing Officer/Director Detail

Date