

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S01495

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC3142567116**

**Entity Name:** SOUTHEAST INSURANCE BROKERAGE COMPANY

**Current Principal Place of Business:**

2665 S BAYSHORE DR  
1001  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2665 S BAYSHORE DR  
1001  
COCONUT GROVE, FL 33133 US

**FEI Number:** 59-3031701

**Certificate of Status Desired:** No

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

ANDERSEN, THOMAS  
2665 SOUTH BAYSHORE DRIVE  
SUITE 1001  
COCONUT GROVE, FL 33133 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:** THOMAS ANDERSEN

01/13/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            ANDERSEN, REBECCA L  
Address        2665 S BAYSHORE DR  
                  1001  
City-State-Zip: COCONUT GROVE FL 33133

Title            PRESIDENT  
Name            ANDERSEN, THOMAS  
Address        2665 S BAYSHORE DR  
                  1001  
City-State-Zip: COCONUT GROVE FL 33133

*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:** THOMAS ANDERSEN

**PRESIDENT**

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date