

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032783

Entity Name: SOLACE INSURANCE, LLC

Current Principal Place of Business:

10125 ULMERTON RD
200
LARGO, FL 33771

Current Mailing Address:

10125 ULMERTON RD
200
LARGO, FL 33771

FEI Number: 20-0342699

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHILDRESS, ROBERT EMGR
8701 MERRIMOOR BLVD E
LARGO, FL 33777 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

Authorized Person(s) Detail :

Title MGR
Name CHILDRESS, ROBERT E
Address 10125 ULMERTON RD, STE 200
City-State-Zip: LARGO FL 33771

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT CHILDRESS

MANAGER

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date