

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079065

Entity Name: GHG INSURANCE, LLC

Current Principal Place of Business:

751 OAK STREET, SUITE 100
JACKSONVILLE, FL 32204

Current Mailing Address:

751 OAK STREET, SUITE 100
JACKSONVILLE, FL 32204

FEI Number: 20-1825754

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASKIN, TIM
751 OAK ST
SUITE 100
JACKSONVILLE, FL 32204 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: TIM GASKIN

01/10/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name GASKIN, TIMOTHY B
Address 751 OAK ST., SUITE 100
City-State-Zip: JACKSONVILLE FL 32204

Title MGRM
Name HARDAKER, WILLIAM R
Address 751 OAK ST., SUITE 100
City-State-Zip: JACKSONVILLE FL 32204

Title MGRM
Name GIBSON, ROGER
Address 751 OAK ST., SUITE 100
City-State-Zip: JACKSONVILLE FL 32204

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: TIMOTHY B GASKIN

MGRM

01/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date