

**2013 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:**

STONEBURNER, BERRY & SIMMONS, P.A.  
841 PRUDENTIAL DRIVE, SUITE 1400  
JACKSONVILLE, FL 32207 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 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TIMOTHY B. GASKIN

**MANAGER**

**02/03/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date