

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118756

Entity Name: SPECIALTY INSURANCE OF NORTH FLORIDA LLC

Current Principal Place of Business:

1459 CATMAR ROAD
NICEVILLE, FL 32578

Current Mailing Address:

1459 CATMAR ROAD
NICEVILLE, FL 32578 US

FEI Number: 33-1147639

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KIELY, DARLO D
1459 CATMAR ROAD
NICEVILLE, FL 32578 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 KIELY, DARLO D
Address 1459 CATMAR ROAD
City-State-Zip: NICEVILLE FL 32578

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: DARLO D KIELY

MANAGING MEMBER

04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date