

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121341

**Entity Name:** INSURANCE GROUP OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

7523 ALOMA AVE, STE 106  
WINTER PARK, FL 32792

**Current Mailing Address:**

7523 ALOMA AVE, STE 106  
WINTER PARK, FL 32792

**FEI Number:** 90-0188562

**Certificate of Status Desired:** No

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

METT, KIMBERLY L  
7523 ALOMA AVE, STE 106  
WINTER PARK, FL 32792 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 METT, KIMBERLY L  
Address 7523 ALOMA AVE, STE 106  
City-State-Zip: WINTER PARK FL 32792

Title MGRM  
Name WILSON, JOHN  
Address 7523 ALOMA AVE, STE 106  
City-State-Zip: WINTER PARK FL 32792

Title MGRM  
Name MURRAY, MARK A  
Address 7523 ALOMA AVE, STE 106  
City-State-Zip: WINTER PARK FL 32792

*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:** KIMBERLY L METT

MGMB

01/08/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date