

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000064552

**Entity Name:** COMPETITIVE INSURANCE OF DUNDEE, L.L.C.

**Current Principal Place of Business:**

28019 HWY 27  
DUNDEE, FL 33838

**Current Mailing Address:**

28019 HWY 27  
DUNDEE, FL 33838 US

**FEI Number: 26-0381751**

**Certificate of Status Desired: No**

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

COMPETITIVE INSURANCE, INC.  
35934 HWY 27  
HAINES CITY, FL 33844 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 COMPETITIVE INSURANCE, INC.  
Address 35934 HWY 27  
City-State-Zip: HAINES CITY FL 33844

Title MGRM  
Name SCHRADER, RANDALL  
Address 28019 HWY 27  
City-State-Zip: DUNDEE FL 33838

*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: RANDALL SCHRADER**

**MANAGER**

**04/01/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date