

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036419

Entity Name: SPECIALTY INSURANCE GROUP LLC

Current Principal Place of Business:

736 W STATE RD 434
LONGWOOD, FL 32750

Current Mailing Address:

P O BOX 951744
LAKE MARY, FL 32795

FEI Number: 26-2371110

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

IGLESIAS, CESAR HJR
768 SILVERSMITH CIR
LAKE MARY, FL 32746 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 MR.
Name IGLESIAS, CESAR HJR.
Address 736 W STATE RD 434
City-State-Zip: LONGWOOD FL 32750

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: CESAR IGLESIAS

AGENT PRINCIPAL

06/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date