

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053834

Entity Name: ORACLE INSURANCE GROUP, LLC

Current Principal Place of Business:

2605 S. MACDILL AVE.
TAMPA, FL 33629

Current Mailing Address:

2605 S. MACDILL AVE.
TAMPA, FL 33629 US

FEI Number: 26-2717330

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEVINE, BRAHM D. CPA
500 S. AUSTRALIAN AVE.
610
WEST PALM BEACH, FL 33401 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: BRAHM D. LEVINE

04/21/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	OSTROFF, MICHAEL	Name	LEWIS, ANDREW J
Address	2605 S. MACDILL AVE.	Address	2605 S. MACDILL AVE.
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629

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: MICHAEL OSTROFF

MGR

04/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date