2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 29, 2016
Secretary of State
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Entity Name: ASSUREDNATION INSURANCE LLC

Current Principal Place of Business:

7660 PORTO VECCHIO PLACE
DELRAY BEACH, FL 33446

Current Mailing Address:

7660 PORTO VECCHIO PLACE
DELRAY BEACH, FL 33446 US

FEI Number: 80-0263745

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANDSBERG-HARRIS, SONDRA CFP
7660 PORTO VECCHIO PLACE
DELRAY BEACH, FL 33446 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	LANDSBERG-HARRIS, SONDRA CFP
Address	7660 PORTO VECCHIO PLACE
City-State-Zip:	DELRAY BEACH FL 33446

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: SONDRA LANDSBERG-HARRIS MGRM 04/29/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date