

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000098132

Entity Name: FLORIDA INSURANCE PARTNERS LLC

Current Principal Place of Business:

433 2ND ST. SOUTH
SUITE A
SAFETY HARBOR, FL 34695

Current Mailing Address:

433 2ND ST. SOUTH
SUITE A
SAFETY HARBOR, FL 34695

FEI Number: 80-0283812

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAW, JOSEPH W
433 2ND ST. SOUTH
SUITE A
SAFETY HARBOR, FL 34695 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 MGR
Name FAW, JOSEPH W
Address 429 2ND ST. SOUTH
City-State-Zip: SAFETY HARBOR FL 34695

Title MGR
Name CILIENTO, JEROME A
Address 1708 LAURIE LANE
City-State-Zip: BELLEAIR FL 33756

Title MGR
Name KEVIN, CONAWAY M
Address 520 SOUTH ARMENIA
City-State-Zip: TAMPA FL 33609

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH W. FAW

MEMBER

01/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date