

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032885

Entity Name: MATRIX INSURANCE CONSULTING, LLC

Current Principal Place of Business:

55 NE 5TH AVENUE, SUITE 502
BOCA RATON, FL 33432

Current Mailing Address:

55 NE 5TH AVENUE, SUITE 502
BOCA RATON, FL 33432 US

FEI Number: 26-4607786

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMILLERI, MICHAEL
55 NE 5TH AVENUE, SUITE 502
BOCA RATON, FL 33432 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 CAMILLERI, MICHAEL
Address 55 NE 5TH AVENUE, SUITE 502
City-State-Zip: BOCA RATON FL 33432

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 CAMILLERI

OWNER

04/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date