

**2014 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**

**04/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date