## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000033939

Entity Name: PRIVATE CLIENT INSURANCE GROUP, LLC

## **Current Principal Place of Business:**

4400 PGA BOULEVARD SUITE 1000 PALM BEACH GARDENS, FL 33410

# **Current Mailing Address:**

4400 PGA BOULEVARD SUITE 1000 PALM BEACH GARDENS, FL 33410 US

## FEI Number: 26-4662279

#### Name and Address of Current Registered Agent:

CELEDINAS, RAY S 4400 PGA BOULEVARD SUITE 1000 PALM BEACH GARDENS, FL 33410 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

#### Authorized Person(s) Detail :

 
 Title
 MGR

 Name
 CELEDINAS, RAY S

 Address
 4400 PGA BOULEVARD SUITE 1000

 City-State-Zip:
 PALM BEACH GARDENS FL 33410

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.

MANAGER

SIGNATURE: RAY S CELEDINAS

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 18, 2019 Secretary of State 9240389680CC

Certificate of Status Desired: No

Date

04/18/2019 Date