

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000100279

Entity Name: CASUAL INSURANCE GROUP LLC

Current Principal Place of Business:

224 DATURA ST., STE 500
WEST PALM BEACH, FL 33401

Current Mailing Address:

224 DATURA ST., STE500
WEST PALM BEACH, FL 33401 US

FEI Number: 61-1605458

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCZYK, MICHAL
224 DATURA ST
SUITE 500
WEST PALM BEACH, FL 33401 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 PRES
Name MARCZYK, MICHAL
Address 10781 158 ST N
City-State-Zip: JUPITER FL 33478

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: MICHAL MARCZYK

PRESIDENT

04/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date