

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000115177

**Entity Name:** LIGHTHOUSE INSURANCE GROUP, LLC

**Current Principal Place of Business:**

6100 ROCKSIDE WOODS BLVD. N.  
STE. 310  
INDEPENDENCE, OH 44131

**Current Mailing Address:**

6100 ROCKSIDE WOODS BLVD. N.  
STE. 310  
INDEPENDENCE, OH 44131 US

**FEI Number:** 27-1423115

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** DONNA MOCH

10/08/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title BOARD MEMBER  
Name FARRO, CHUCK  
Address 6100 ROCKSIDE WOODS BLVD. N.  
STE. 310  
City-State-Zip: INDEPENDENCE OH 44131

Title CEO  
Name FARRO, JASON  
Address 6100 ROCKSIDE WOODS BLVD. N.  
STE. 310  
City-State-Zip: INDEPENDENCE OH 44131

Title DIRECTOR OF FINANCE  
Name FINLAY, JAMES  
Address 6100 ROCKSIDE WOODS BLVD. N.  
STE. 310  
City-State-Zip: INDEPENDENCE OH 44131

*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:** JAMES FINLAY

**DIRECTOR OF FINANCE**

10/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date