

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

06/25/2020

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	COO
Name	NAOUM, ANTHONY
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:** ANTHONY NAOUM**CHIEF OPERATING  
OFFICER**

06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date