

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000004629

**Entity Name:** FLORIDA OUTLET INSURANCE, LLC

**Current Principal Place of Business:**

4976 N PINE ISLAND RD  
SUNRISE, FL 33351

**Current Mailing Address:**

4976 N PINE ISLAND RD  
SUNRISE, FL 33351 US

**FEI Number:** 27-4522366

**Certificate of Status Desired:** No

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

COGLIONESSE, MARIA  
11890 SW 8TH STREET  
PENTHOUSE # 5  
MIAMI, FL 33184 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:** MARIA COGLIONESSE

04/30/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COGLIONESSE, MARIA  
Address 6503 SW 166 CT  
City-State-Zip: MIAMI FL 33193

*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:** COGLIONESSE, MARIA

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date