

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000007219

**Entity Name:** COVERAGE ONE INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1901 W CYPRESS CREEK ROAD, #103  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

1901 W CYPRESS CREEK ROAD, #103  
FT. LAUDERDALE, FL 33309 US

**FEI Number:** 27-4586642

**Certificate of Status Desired:** No

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

ETTINGER, DAVID  
1901 W CYPRESS CREEK ROAD, #103  
FT. LAUDERDALE, FL 33309 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 MGRM  
Name ETTINGER, DAVID  
Address 1901 W CYPRESS CREEK ROAD, #103  
  
City-State-Zip: FT. LAUDERDALE FL 33309

*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:** DAVID ETTINGER

MGRM

02/11/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date