

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108720

**Entity Name:** 724 INSURANCE GROUP LLC

**Current Principal Place of Business:**

1314 E LAS OLAS BLVD  
# 285  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

1314 E LAS OLAS BLVD  
# 285  
FT LAUDERDALE, FL 33301 US

**FEI Number:** 45-3450314

**Certificate of Status Desired:** No

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

GARBATI, MARIA C  
1314 EAST LAS OLAS BLVD  
285  
FORTLAUDERDALE, FL 33301 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 LAURIA, ANTONIO  
Address 1314 E LAS OLAS BLVD - # 285  
City-State-Zip: FT LAUDERDALE FL 33301

*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:** ANTONIO E LAURIA

MGRM

04/24/2014

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

\_\_\_\_\_  
Date