2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2018
Secretary of State
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Entity Name: SUNSHINE INSURANCE GROUP, LLC.

Current Principal Place of Business:

13766 MANDARIN ROAD
JACKSONVILLE, FL 32223

Current Mailing Address:

13766 MANDARIN ROAD
JACKSONVILLE, FL 32223

FEI Number: 59-1036629

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, JO ANNE G
13766 MANDARIN ROAD
JACKSONVILLE, FL 32223 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: JO ANNE G. SMITH 03/29/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	SMITH, JO ANNE G	Name	SMITH, WILSON L
Address	423 NORTH STREET	Address	423 NORTH STREET
City-State-Zip:	GREEN COVE SPRINGS FL 32043	City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	TREASURER
Name	BASCELLI, BRANDON
Address	423 NORTH STREET
City-State-Zip:	GREEN COVE SPRINGS FL 32043

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: BRANDON BASCELLI TREASURUER 03/29/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date