

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000016328

Entity Name: ASSOCIATION FLOOD INSURANCE, LLC

Current Principal Place of Business:

2514 W FERN ST
TAMPA, FL 33614

Current Mailing Address:

P.O. BOX 15067
TAMPA, FL 33684 US

FEI Number: 46-1932710

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIOVINCO, IAN S
2111 W SWANN AVE
203
TAMPA, FL 33606 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 DEHLINGER, CAROLYN
Address 2512 WEST FERN STREET
City-State-Zip: TAMPA FL 33614

Title MGRM
Name DEHLINGER, ERIC
Address 2512 WEST FERN STREET
City-State-Zip: TAMPA FL 33614

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: ERIC JAMES DEHLINGER

MGRM

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date