

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000109032

Entity Name: GET INSURANCE LLC

Current Principal Place of Business:

800 NW 106 AVE
UNIT 8
MIAMI , FL 33172

Current Mailing Address:

800 NW 106 AVE
UNIT 8
MIAMI , FL 33172 US

FEI Number: 46-3336732

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FREGIO, MARLEEN
800 NW 106 AVE
UNIT 8
MIAMI , FL 33172 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: MARLEEN FREGIO

01/06/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FREGIO, MARLEEN
Address 800 NW 106 AVE #8
City-State-Zip: MIAMI FL 33172

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: MARLEEN FREGIO

MANAGER

01/06/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date