

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000109032

**Entity Name:** GET INSURANCE LLC

**Current Principal Place of Business:**

13250 SW 96 TER  
MIAMI , FL 33186

**Current Mailing Address:**

13250 SW 96 TER  
MIAMI, FL 33186 US

**FEI Number:** 46-3336732

**Certificate of Status Desired:** No

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

FREGIO, MARLEEN  
13250 SW 96 TER  
MIAMI, FL 33186 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

01/08/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MARLEEN, FREGIO  
Address 13250 SW 96 TER  
City-State-Zip: MIAMI FL 33186

*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

01/08/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date