

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000139343

Entity Name: ADVISORS INSURANCE DIRECT, LLC

Current Principal Place of Business:

1555 NORTH PARK DRIVE
SUITE 102
WESTON, FL 33326

Current Mailing Address:

3730 W. GARDENIA AVE
WESTON, FL 33332

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWELL, MARC L
3730 W. GARDENIA AVE
WESTON, FL 33332 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 MGR
Name LOWELL, MARC L
Address 3730 W. GARDENIA AVE
City-State-Zip: WESTON FL 33332

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: MARC LOWELL

PRESIDENT

03/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date