

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000001711

Entity Name: CASTLE ROCK INSURANCE GROUP, LLC

Current Principal Place of Business:

6639 FOREST HILL BOULEVARD
GREENACRES, FL 33413

Current Mailing Address:

2890 S MILITARY TRAIL
WEST PALM BEACH, FL 33415

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCURRY, DOUGLAS
6639 FOREST HILL BOULEVARD
GREENACRES, FL 33413 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 MCCURRY, DOUGLAS W
Address 6639 FOREST HILL BOULEVARD
City-State-Zip: GREENACRES FL 33413

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: DOUGLAS MCCURRY

MANAGING MEMBER

04/29/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date