

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000004286

Entity Name: FOCUS SPECIALTY UNDERWRITERS, LLC**Current Principal Place of Business:**1300 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323**Current Mailing Address:**1300 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323 US**FEI Number:** 46-4462529**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GALLOWAY, AMY J ESQ
3020 NE 32ND AVENUE
SUITE 226
FORT LAUDERDALE, FL 33308 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 TROMER, KEVIN M
Address 1300 SAWGRASS CORPORATE
PARKWAY, #300
City-State-Zip: SUNRISE FL 33323

Title MGR
Name BULLINGTON, DOUGLAS W
Address 1300 SAWGRASS CORPORATE
PARKWAY, #300
City-State-Zip: SUNRISE FL 33323

Title CFO
Name PRYGELSKI, PETER J III
Address 1300 SAWGRASS CORPORATE
PARKWAY
SUITE 300
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name WHITLOCK, ORION P
Address 1300 SAWGRASS CORPORATE
PARKWAY
SUITE 300
City-State-Zip: SUNRISE FL 33323

Title COO
Name STEINMAN, MICHAEL A
Address 1300 SAWGRASS CORPORATE
PARKWAY
SUITE 300
City-State-Zip: SUNRISE FL 33323

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: ORION P WHITLOCK**SECRETARY****04/03/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date