

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000087048

Entity Name: HCA INSURANCE GROUP, LLC

Current Principal Place of Business:

501 N 9TH ST
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

PO BOX 905
DEFUNIAK SPRINGS, FL 32435

FEI Number: 47-1990800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHOAF, JOHN A
317 NIXON RD
DEFUNIAK SPRINGS, FL 32433 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 SHOAF, JOHN A
Address PO BOX 905
City-State-Zip: DEFUNIAK SPRINGS FL 32435

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: JOHN AUSTIN SHOAF

OWNER

02/24/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date