

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000127147

**Entity Name:** MDW GLOBAL INSURANCE, LLC

**Current Principal Place of Business:**

362 MINORCA AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

362 MINORCA AVENUE  
CORAL GABLES, FL 33134

**FEI Number:** 47-1600845

**Certificate of Status Desired:** No

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

BAMBERGER, JUSTIN  
362 MINORCA AVENUE  
CORAL GABLES, FL 33134 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	Title	AR
Name	MDW INSURANCE GROUP, INC.	Name	BAMBERGER, IVOR J
Address	362 MINORCA AVENUE	Address	421 HOLLY LANE
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	PLANTATION FL 33317

*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:** IVOR BAMBERGER

AR

04/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date