

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000135567

**Entity Name:** KAUFFMAN INSURANCE GROUP, LLC

**Current Principal Place of Business:**

3111 N UNIVERSITY DRIVE,  
SUITE 1000  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3111 N UNIVERSITY DRIVE,  
SUITE 1000  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 47-1714086

**Certificate of Status Desired:** No

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

KAUFFMAN, SHIRLY  
3111 N UNIVERSITY DRIVE  
1000  
CORAL SPRINGS, FL 33065 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:** SHIRLY KAUFFMAN

06/22/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KAUFFMAN, SHIRLY  
Address 3111 N UNIVERSITY DRIVE  
1000  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** SHIRLY KAUFFMAN

OWNER

06/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date