

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000191509

**Entity Name:** U.S. MARINE INSURANCE GROUP, LLC**Current Principal Place of Business:**109 BELLAGIO CIRCLE  
SANFORD, FL 32771**Current Mailing Address:**109 BELLAGIO CIRCLE  
SANFORD, FL 32771 US**FEI Number:** 47-5444610**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIGHT, WILLIAM S  
113 BELLAGIO CIRCLE  
SANFORD, FL 32771 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	DIPAOLA, JOSEPH
Address	236 BERMUDA GREENS AVE.
City-State-Zip:	PONTE VEDRA FL 32081

Title	MGR
Name	LIGHT, WILLIAM S
Address	25602 GRANDVIEW POINT
City-State-Zip:	SORRENTO FL 32776

Title	MGR
Name	NICHOLAS HANDY
Address	510 VICTORIA HILL DR
City-State-Zip:	DELAND FL 32724

Title	MGR
Name	RIESEN, DINA
Address	13675 N LEGACY HILLS DR
City-State-Zip:	MEQUON WI 53097

*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:** DONALD A WELLS**CFO****02/03/2021**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date