

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000024181

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

**Current Principal Place of Business:**

5300 W HILLSBORO BLVD,  
SUITE A218  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

5300 W HILLSBORO BLVD,  
SUITE A218  
COCONUT CREEK, FL 33073

**FEI Number:** 81-1335439

**Certificate of Status Desired:** No

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

WOOD, TARA ESQ  
1800 N. MILITARY TRAIL  
SUITE 170  
BOCA RATON, FL 33431 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 AMBR  
Name WOOD, JONATHAN  
Address 5300 W HILLSBORO BLVD, SUITE  
A218  
City-State-Zip: COCONUT CREEK FL 33073

Title AMBR  
Name REYES, ANNIE  
Address 5300 W HILLSBORO BLVD, SUITE  
A218  
City-State-Zip: COCONUT CREEK FL 33073

*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:** JONATHAN WOOD

**OWNER**

**01/11/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date