

2021 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 US

FEI Number: 81-1335439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL SOCARRAS GRANT, P.L.
197 S FEDERAL HWY
SUITE 200
BOCA RATON, FL 33432 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: CHRISTOPHER WOOD

02/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

PRESIDENT

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date