

**2019 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

02/06/2019

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,<br>SUITE A218 | Address         | 5300 W HILLSBORO BLVD, SUITE<br>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**

02/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date