2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2018
Secretary of State
CC2469574361

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, CHRISTOPHER
6561 SANDSPUR LN
FT MYERS, FL 33919 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 03/02/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	WOOD, JONATHAN	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 OWNER 03/02/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date