

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000030127

Entity Name: ENCOMPASS SPECIALTY NETWORK, LLC

Current Principal Place of Business:

1408 WESTSHORE BLVD.
SUITE 1010
TAMPA, FL 33607

Current Mailing Address:

1408 WESTSHORE BLVD.
SUITE 1010
TAMPA, FL 33607 US

FEI Number: 81-1798980

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELLIOTT, WILLIAM
1408 WESTSHORE BLVD
SUITE 1010
TAMPA, FL 33607 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 SCOGGIN, NATHAN
Address 763 LONG HILL ROAD
City-State-Zip: GUILFORD CT 06437

Title AUTHORIZED MEMBER
Name ELLIOTT, WILLIAM HOWARD
Address 1408 WESTSHORE BLVD.
SUITE 1010
City-State-Zip: TAMPA FL 33607

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: STACY L HATLEY

CONTROLLER

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date