

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000030127

**Entity Name:** ENCOMPASS SPECIALTY NETWORK, LLC

**Current Principal Place of Business:**

1408 WESTSHORE BLVD.  
SUITE 1015  
TAMPA, FL 33607

**Current Mailing Address:**

1408 WESTSHORE BLVD.  
SUITE 1015  
TAMPA, FL 33607

**FEI Number:** 81-1798980

**Certificate of Status Desired:** Yes

**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 1015  
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:** WILLIAM HOWARD ELLIOTT

**AUTHORIZED MEMBER & 03/27/2017  
REG AGENT**

Electronic Signature of Signing Authorized Person(s) Detail

Date