

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000007108

**Entity Name:** BRP D&M INSURANCE, LLC**Current Principal Place of Business:**4010 W. BOY SCOUT BLVD STE 200  
TAMPA, FL 33607**Current Mailing Address:**4010 W. BOY SCOUT BLVD STE 200  
TAMPA, FL 33607 US**FEI Number: 81-4966266****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BALDWIN, L. LOWRY  
4010 W. BOY SCOUT BLVD STE 200  
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	CEO
Name	BALDWIN, L. LOWRY
Address	4010 W. BOY SCOUT BLVD STE 200
City-State-Zip:	TAMPA FL 33607

Title	COO
Name	BALDWIN, TREVOR
Address	4010 W. BOY SCOUT BLVD STE 200
City-State-Zip:	TAMPA FL 33607

Title	CFO
Name	WIEBECK, KRIS
Address	4010 W. BOY SCOUT BLVD STE 200
City-State-Zip:	TAMPA FL 33607

Title	EVP
Name	KRYSTYN, ELIZABETH
Address	4010 W. BOY SCOUT BLVD STE 200
City-State-Zip:	TAMPA FL 33607

Title	EVP
Name	SHERMAN, LAURA
Address	4010 W. BOY SCOUT BLVD STE 200
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: L. LOWRY BALDWIN****CEO****01/23/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date