

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000042089

Entity Name: SOVEREIGN INSURANCE GROUP LLC

Current Principal Place of Business:

8630 MANASSAS RD
TAMPA, FL 33635

Current Mailing Address:

8630 MANASSAS RD
TAMPA, FL 33635

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOLIMAN, GEORGE
8630 MANASSAS RD
TAMPA, FL 33635 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 AMBR
Name SOLIMAN, GEORGE
Address 8630 MANASSAS RD
City-State-Zip: TAMPA FL 33635

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: GEORGE SOLIMAN

MEMBER

04/25/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date