

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000193208

**Entity Name:** HOFFMAN INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1946 TYLER STREET  
SUITE #20  
HOLLYWOOD, FL 33020

**Current Mailing Address:**

1946 TYLER STREET  
SUITE #20  
HOLLYWOOD, FL 33020

**FEI Number:** 82-3027241

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOFFMAN, MICHAEL S  
909 NORTH MIAMI BEACH BOULEVARD  
201  
NORTH MIAMI BEACH, FL 33162 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:** MICHAEL S. HOFFMAN

08/26/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HOFFMAN, DAN  
Address 1946 TYLER STREET, SUITE #20  
City-State-Zip: HOLLYWOOD FL 33020

*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:** DANIEL HOFFMAN

PRINCIPAL

08/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date