

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000179317

Entity Name: SOCIAL TITAN INSURANCE, LLC

Current Principal Place of Business:

400 NORTH TAMPA STREET,
15TH FLOOR
TAMPA, FL 33602

Current Mailing Address:

400 NORTH TAMPA STREET,
15TH FLOOR
TAMPA, FL 33602 US

FEI Number: 83-1387243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, SEAN B
10413 BRENTFORD DR
TAMPA, FL 33626 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 WILLIAMS, SEAN B
Address 10413 BRENTFORD DR
City-State-Zip: TAMPA FL 33626

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: SEAN WILLIAMS

MANAGING DIRECTOR

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date