

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000006899

**Entity Name:** AMWINS ACCESS INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

ONE GRESHAM LANDING  
STOCKBRIDGE, GA 30281

**Current Mailing Address:**

4725 PIEDMONT ROW DRIVE  
SUITE 600  
CHARLOTTE, NC 28210 US

**FEI Number:** 13-4279678

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           MANAGER  
Name           DECARLO, MICHAEL STEVEN  
Address       4725 PIEDMONT ROW DRIVE  
                  SUITE 600  
City-State-Zip: CHARLOTTE NC 28210

Title           MANAGER  
Name           PURVIANCE, SCOTT M.  
Address       4725 PIEDMONT ROW DRIVE  
                  SUITE 600  
City-State-Zip: CHARLOTTE NC 28210

*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:** SCOTT M. PURVIANCE

**MANAGER**

**04/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date