

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 565402

**Entity Name:** BRICKMAN INSURANCE & FINANCIAL SERVICES, INC.

**FILED**  
**Jan 24, 2014**  
**Secretary of State**  
**CC5595735632**

**Current Principal Place of Business:**

16969 NW 67TH AVE  
SUITE 100  
MIAMI, FL 33015

**Current Mailing Address:**

16969 NW 67TH AVE  
SUITE 100  
MIAMI, FL 33015

**FEI Number: 59-1937221**

**Certificate of Status Desired: No**

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

BRICKMAN, G.J.  
16969 NW 67TH AVENUE  
100  
MIAMI, FL 33015 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

**Officer/Director Detail :**

Title	PRES	Title	VP
Name	BRICKMAN, G.J.	Name	BRICKMAN, ELIZABETH
Address	16969 NW 67 AVE	Address	16969 NW 67 AVE
City-State-Zip:	MIAMI FL 33015	City-State-Zip:	MIAMI FL 33015

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: G. BRICKMAN**

**PRESIDENT**

**01/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date