

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K40538

**Entity Name:** THE RHODES INSURANCE GROUP, INC.

**Current Principal Place of Business:**

1263 EAST LAS OLAS BLVD  
SUITE 205  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

1263 EAST LAS OLAS BLVD  
SUITE 205  
FORT LAUDERDALE, FL 33301

**FEI Number:** 65-0077772

**Certificate of Status Desired:** No

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

RHODES, LLOYD F.  
1263 EAST LAS OLAS BLVD  
SUITE 205  
FT. LAUDERDALE, FL 33301 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 P  
Name RHODES, LLOYD F.  
Address 1263 EAST LAS OLAS BLVD - SUITE  
205  
City-State-Zip: FT. LAUDERDALE FL

Title VTS  
Name RHODES, KARIN  
Address 1263 EAST LAS OLAS BLVD - SUITE  
205  
City-State-Zip: FT. LAUDERDALE FL

*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:** KARIN RHODES

VTS

01/16/2018

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

\_\_\_\_\_  
Date