

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006113

Entity Name: LENNAR INSURANCE SERVICES, INC.

Current Principal Place of Business:

700 N.W. 107TH AVENUE
SUITE 300
MIAMI, FL 33172

Current Mailing Address:

700 N.W. 107TH AVENUE
SUITE 400
MIAMI, FL 33172 US

FEI Number: 65-1122290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T 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

Officer/Director Detail :

Title DCEO
Name KAISERMAN, DAVID
Address 700 N.W. 107TH AVENUE
SUITE 300
City-State-Zip: MIAMI FL 33172

Title DVS
Name SUSTANA, MARK
Address 700 N.W. 107TH AVENUE
SUITE 400
City-State-Zip: MIAMI FL 33172

Title V
Name WEST, PATRICIA
Address 700 N.W. 107TH AVENUE
SUITE 400
City-State-Zip: MIAMI FL 33172

Title CONT
Name PARDO, CRISTINA
Address 700 N.W. 107TH AVENUE
SUITE 300
City-State-Zip: MIAMI FL 33172

Title T
Name BESSETTE, DIANE
Address 700 N.W. 107TH AVENUE
SUITE 400
City-State-Zip: MIAMI FL 33172

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: MARK SUSTANA

SECRETARY

04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date