

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000104600

**Entity Name:** FLORIDIAN INSURANCE CO.

**Current Principal Place of Business:**

8300 NW 53RD STREET  
SUITE#350  
DORAL, FL 33166

**Current Mailing Address:**

8300 NW 53RD STREET  
SUITE#350  
DORAL, FL 33166

**FEI Number:** 06-1831068

**Certificate of Status Desired:** No

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

AVENDANO, NELSON  
8300 NW 53RD STREET  
SUITE #350  
DORAL, FL 33166 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 PD  
Name AVENDANO, NELSON  
Address 8300 NW 53RD STREET SUITE #350  
City-State-Zip: DORAL FL 33166

*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:** NELSON AVENDANO

**PRESIDENT**

**03/13/2017**

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

\_\_\_\_\_  
Date