

2015 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

03/19/2015

Electronic Signature of Signing Officer/Director Detail

Date