

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000050326

**FILED**  
**Feb 02, 2016**  
**Secretary of State**  
**CC5513892477**

**Entity Name:** SUDLER INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

5850 CORAL RIDGE DRIVE  
STE 103-C  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

5850 CORAL RIDGE DRIVE  
STE 103-C  
CORAL SPRINGS, FL 33076 US

**FEI Number:** 65-0588651

**Certificate of Status Desired:** No

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

SUDLER, ROBERT A  
5850 CORAL RIDGE DRIVE  
STE 103-C  
CORAL SPRINGS, FL 33076 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 MR.  
Name SUDLER, ROBERT A  
Address 5034 NW 112TH WAY  
City-State-Zip: CORAL SPRINGS FL 33076

Title VP  
Name SUDLER, CHERI MARIE  
Address 5850 CORAL RIDGE DRIVE  
STE 103-C  
City-State-Zip: CORAL SPRINGS FL 33076

*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:** ROBERT SUDLER

**PRESIDENT**

**02/02/2016**

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

\_\_\_\_\_  
Date