

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019455

Entity Name: OMS INSURANCE GROUP, L.L.C.

Current Principal Place of Business:

26 LAKE WIRE DRIVE
LAKELAND, FL 33815

Current Mailing Address:

PO BOX 2
LAKELAND, FL 33802-0002

FEI Number: 59-3757026

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALE, GREGORY G
26 LAKE WIRE DRIVE
LAKELAND, FL 33815 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

Authorized Person(s) Detail :

Title MGR
Name SALE, GREGORY G
Address PO BOX 2
City-State-Zip: LAKELAND FL 33802-0002

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GREGORY SALE

MGR

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date