

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058901

Entity Name: SCHOLASTIC INSURANCE OF FLORIDA, L.L.C.

Current Principal Place of Business:

200 COUNTYLINE COURT
SUITE # 5
WINTER GARDEN, FL 34787

Current Mailing Address:

200 COUNTYLINE COURT
SUITE # 5
WINTER GARDEN, FL 34787 US

FEI Number: 55-0878664

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SMITH, LANE L
11501 WILLOW GARDENS DR
WINDERMERE, FL 34786 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 AGENT IN CHARGE/OWNER
Name SMITH, LANE L
Address 11501 WILLOW GARDENS DR
City-State-Zip: WINDERMERE FL 34786

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: LANE SMITH

AGENT/OWNER

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date