

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017523

Entity Name: THE HARWOOD INSURANCE GROUP LLC

Current Principal Place of Business:

13191 STARKEY ROAD
SUITE 1
LARGO, FL 33773

Current Mailing Address:

13191 STARKEY ROAD
SUITE 1
LARGO, FL 33773 US

FEI Number: 47-2268806

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANAGEMENT SOLUTIONS, LLC
4914 LYFORD CAY RD.
TAMPA, FL 33629 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 MGRM
Name HARWOOD, ROBERT
Address 4914 LYFORD CAY ROAD
City-State-Zip: TAMPA FL 33629

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: ROBERT HARWOOD

OWNER

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date