## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017523

Entity Name: THE HARWOOD INSURANCE GROUP LLC

Entity Name. THE HARWOOD INSURANCE GROUP I

**Current Principal Place of Business:** 

1940 EAST BAY DRIVE LARGO, FL 33773

**Current Mailing Address:** 

4917 LYFORD CAY RD. TAMPA, FL 33629 US

FEI Number: 47-2268806 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MANAGEMENT SOLUTIONS, LLC 4917 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

FILED Apr 10, 2018

**Secretary of State** 

CC8721009675

## Authorized Person(s) Detail:

Title MGRM

Name HARWOOD, ROBERT
Address 4917 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

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT 04/10/2018

Date