2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2019
Secretary of State
9551451618CC

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Entity Name: THE HARWOOD INSURANCE GROUP LLC

Current Principal Place of Business:

4601 W. NORTH A STREET
TAMPA, FL 33609

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

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 CEO 04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date