

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043961

Entity Name: HUNT INSURANCE GROUP, LLC**Current Principal Place of Business:**2075 CENTRE POINTE BLVD
SUITE 101
TALLAHASSEE, FL 32308**Current Mailing Address:**2075 CENTRE POINTE BLVD.
SUITE 101
TALLAHASSEE, FL 32308 US**FEI Number:** 20-4779175**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUNT, SCOTT P
2075 CENTRE POINTE BLVD.
SUITE 101
TALLAHASSEE, FL 32308 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:** SCOTT P. HUNT

01/29/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DIRECTOR, PRESIDENT, CEO
Name HUNT, SCOTT PRITCHARD
Address 2075 CENTRE POINTE BLVD.
SUITE 101
City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR, EXECUTIVE VICE
PRESIDENT
Name HUNT, JOHN EDWIN JR.
Address 2075 CENTRE POINTE BLVD.
SUITE 101
City-State-Zip: TALLAHASSEE FL 32308

Title CFO & TREASURER
Name BAKER, CHRISTOPHER R
Address 2075 CENTRE POINTE BLVD.
SUITE 101
City-State-Zip: TALLAHASSEE FL 32308

Title SR.-VICE PRESIDENT & SECRETARY
Name ARMSTRONG, TAMARA
Address 2075 CENTRE POINTE BLVD.
SUITE 101
City-State-Zip: TALLAHASSEE FL 32308

Title VICE-PRESIDENT
Name BLAKE, ROBERT STEPHEN
Address 2075 CENTRE POINTE BLVD.
SUITE 101
City-State-Zip: TALLAHASSEE FL 32308

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: SCOTT P. HUNT

DIRECTOR, PRESIDENT

01/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date