**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 19, 2014**
**Secretary of State**
**CC7301010186**

DOCUMENT# L07000060773

**Entity Name:** REQUEST INSURANCE, LLC

**Current Principal Place of Business:**

800 N. OCEAN DRIVE
FLOOR 2
HOLLYWOOD, FL 33019

**Current Mailing Address:**

445 SANDERLING DRIVE
INDIALANTIC, FL 32903 US

**FEI Number: 20-5726673**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PATTERSON, ANDREW J
445 SANDERLING DRIVE
INDIALANTIC, FL 32903 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 | MGR |
| Name | PATTERSON, ANDREW J |
| Address | 445 SANDERLING DRIVE |
| City-State-Zip: | INDIALANTIC FL 32903 |

*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: ANDREW J. PATTERSON MGR 03/19/2014

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