

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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 PATTERSON

MGR

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date