

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106135

Entity Name: SMITH INSURANCE GROUP, LLC

Current Principal Place of Business:

1180 S. BENEVA RD
SARASOTA, FL 34232

Current Mailing Address:

1180 S. BENEVA RD
SARASOTA, FL 34232 US

FEI Number: 26-1261232

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, CHRISTOPHER D
5391 LAKEWOOD RANCH BLVD
STE 203
SARASOTA, FL 34240 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 SMITH, DOUGLAS M
Address 1180 BENEVA ROAD
City-State-Zip: SARASOTA FL 34232

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: DOUGLAS SMITH

OWNER

03/03/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date