

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106997

Entity Name: ASSURESIGN, LLC

Current Principal Place of Business:

801 INTERNATIONAL PKWY
SUITE 500
LAKE MARY, FL 32746

Current Mailing Address:

PO BOX 1749
SORRENTO, FL 32776 US

FEI Number: 26-1816210

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRINKMAN, DAVID W
801 INTERNATIONAL PKWY
SUITE 500
LAKE MARY, FL 32746 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 BRINKMAN, DAVID W
Address 801 INTERNATIONAL PKWY
SUITE 500
City-State-Zip: LAKE MARY FL 32746

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: DAVID W. BRINKMAN

MANAGER

01/06/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date