

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113430

Entity Name: GALT INSURANCE GROUP OF BONITA SPRINGS, LLC

Current Principal Place of Business:

10911 BONITA BEACH RD.
STE. 1032
BONITA SPRINGS, FL 34135

Current Mailing Address:

10911 BONITA BEACH RD.
STE. 1032
BONITA SPRINGS, FL 34135

FEI Number: 26-3856060

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARBELAEZ, MONICA E
10911 BONITA BEACH RD.
STE. 1032
BONITA SPRINGS, FL 34135 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 ARBELAEZ, MONICA E
Address 10911 BONITA BEACH RD., STE. 1032
City-State-Zip: BONITA SPRINGS FL 34135

Title MGRM
Name RUIZ, VERONICA
Address 10911 BONITA BEACH RD.
STE. 1032
City-State-Zip: BONITA SPRINGS FL 34135

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: MONICA ARBELAEZ

MGR

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date