2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2015
Secretary of State
CC6612845157

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Entity Name: BURRI INSURANCE, LLC

Current Principal Place of Business:

630 BROOKER CREEK BLVD.
SUITE 315
OLDSMAR, FL 34677

Current Mailing Address:

630 BROOKER CREEK BLVD.
SUITE 315
OLDSMAR, FL 34677 US

FEI Number: 27-0487659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BERGER, TODD
10225 ULMERTON ROAD
4A
LARGO, FL 33771 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	BURRI, DEAN
Address	630 BROOKER CREEK BLVD.SUITE 315
City-State-Zip:	OLDSMAR FL 34677

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: DEAN BURRI MANAGER 01/30/2015

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