

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000065304

Entity Name: FLORIDA FIRST INSURANCE GROUP, L.L.C.

Current Principal Place of Business:

263 RIVERHILLS DR., SUITE 3
JACKSONVILLE, FL 32216

Current Mailing Address:

263 RIVERHILLS DR., SUITE 3
JACKSONVILLE, FL 32216

FEI Number: 27-0515607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITCHELSON, HOLLY
263 RIVERHILLS DR., SUITE 3
JACKSONVILLE, FL 32216 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 MITCHELSON, HOLLY
Address 1822 UNIVERSITY BLVD. S
City-State-Zip: JACKSONVILLE FL 32216

Title MGRM
Name MITCHELSON, THEO KIII
Address 263 RIVERHILLS DR., SUITE 3
City-State-Zip: JACKSONVILLE FL 32216

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: HOLLY MITCHELSON

MGRM

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date