

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068102

**Entity Name:** FAIRWAY INSURANCE LLC

**Current Principal Place of Business:**

2202 SW 6TH CT  
BOCA RATON, FL 33486

**Current Mailing Address:**

2202 SW 6TH CT  
BOCA RATON, FL 33486

**FEI Number:** 27-3543212

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STATON, DONALD P  
2202 SW 6TH CT  
BOCA RATON, FL 33486 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 STATON, DONALD P  
Address 2202 SW 6TH CT  
City-State-Zip: BOCA RATON FL 33486

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONALD STATON

MGR

01/15/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date