**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 23, 2015**
**Secretary of State**
**CC0325966744**

DOCUMENT# L10000044923

**Entity Name:** 5 STAR INSURANCE, LLC

**Current Principal Place of Business:**

4400 N FEDERAL HWY STE 35
BOCA RATON, FL 33431

**Current Mailing Address:**

4400 N FEDERAL HWY STE 35
BOCA RATON, FL 33431

**FEI Number: 27-2446435**

**Certificate of Status Desired:** No

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

HOCHMAN, JOSE I
14768 BARLETTA WAY
DELRAY BEACH, FL 33446 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 | HOCHMAN, JOSE |
| Address | 14768 BARLETTA WAY |
| City-State-Zip: | DELRAY BEACH FL 33446 |

*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: JOSE HOCHMAN OWNER 04/23/2015

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