

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000069135

Entity Name: TROPICAL INSURANCE AGENCY IN SEBRING LLC

Current Principal Place of Business:

1130 SW 97TH CT
MIAMI, FL 33174

Current Mailing Address:

1130 SW 97TH CT
MIAMI, FL 33174 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORMIER, RICHIE
2155 US 27 N
SEBRING, FL 33870 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	MGR	Title	MGRM
Name	CORMIER, RICHIE	Name	RIVERO, NESTOR
Address	2155 US 27 N	Address	1130 SW 97TH CT
City-State-Zip:	SEBRING FL 33870	City-State-Zip:	MIAMI FL 33174

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: NESTOR RIVERO

MNGR

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date