2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2018
Secretary of State
CC7034386790

DOCUMENT# L10000126586

Entity Name: SOUTH POINTE INSURANCE SERVICES, LLC

Current Principal Place of Business:

16637 FISHHAWK BLVD SUITE 104
LITHIA, FL 33547

Current Mailing Address:

16637 FISHHAWK BLVD SUITE 104
LITHIA, FL 33547 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, RICHARD
509 EAST JACKSON STREET
TAMPA, FL 33602 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	SMOLEN, MICHAEL
Address	16637 FISHHAWK BLVD SUITE 104
City-State-Zip:	LITHIA FL 33547

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: MICHAEL SMOLEN MGR 01/30/2018

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