2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2017
Secretary of State
CC9354904460

DOCUMENT# L11000053107

Entity Name: TRADITIONAL INSURANCE OF FLORIDA, LLC

Current Principal Place of Business:

2401 W EAU GALLIE BLVD
SUITE #2
MELBOURNE, FL 32935

Current Mailing Address:

2401 W EAU GALLIE BLVD
SUITE #2
MELBOURNE, FL 32935 US

FEI Number: 45-1773020

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILLIPS, CATHERINE W
3456 SADDLE BROOK DR
MELBOURNE, FL 32934 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: CATHERINE W PHILLIPS 04/05/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	PHILLIPS, CATHERINE W	Name	TOWERS MANAGEMENT GROUP, INC
Address	2401 W EAU GALLIE BLVD	Address	2401 W EAU GALLIE BLVD., SUITE 3
City-State-Zip:	MELBOURNE FL 32935	City-State-Zip:	MELBOURNE FL 32935

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: CATHERINE PHILLIPS OWNER 04/05/2017

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