

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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:

WOODSON, CATHERINE A
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name WOODSON, CATHERINE A
Address 2401 W EAU GALLIE BLVD
City-State-Zip: MELBOURNE FL 32935

Title MGRM
Name TOWERS MANAGEMENT GROUP, INC
Address 2401 W EAU GALLIE BLVD., SUITE 3
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 WOODSON

PRINCIPAL

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date