

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000054094

Entity Name: DELOUIS INSURANCE GROUP, LLC

Current Principal Place of Business:

996 S. STATE RD. 7
MARGATE, FL 33068

Current Mailing Address:

996 S. STATE RD. 7
MARGATE, FL 33068 US

FEI Number: 45-5101777

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELOUIS, FRITZ R
996 S. STATE RD. 7
MARGATE, FL 33068 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
Name DELOUIS, FRITZ R
Address 996 S. STATE RD. 7
City-State-Zip: MARGATE FL 33068

Title MGR
Name DELOUIS, CLAIRE V
Address 996 S. STATE RD. 7
City-State-Zip: MARGATE FL 33068

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: FRITZ DELOUIS

OWNER/MGR

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date