

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000054094

Entity Name: DELOUIS INSURANCE GROUP, LLC

Current Principal Place of Business:

5460 NORTH STATE ROAD 7
210
FORT LAUDERDALE, FL 33319

Current Mailing Address:

5460 NORTH STATE ROAD 7
210
FORT LAUDERDALE, FL 33319

FEI Number: 45-5101777

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELOUIS, FRITZ R
5460 NORTH STATE ROAD 7
SUITE 210
FORT LAUDERDALE, FL 33319 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 RP
Address 5460 NORTH STATE ROAD 7 SUITE
210
City-State-Zip: FORT LAUDERDALE FL 33319

Title MGR
Name DELOUIS, CLAIRE VVP
Address 5460 NORTH STATE ROAD 7 SUITE
210
City-State-Zip: FORT LAUDERDALE FL 33319

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: FRITZ R. DELOUIS

REGISTER AGENT

01/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date