

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000058107

Entity Name: LARES INSURANCE SERVICES, LLC

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY
SUITE 401
JACKSONVILLE, FL 32216

Current Mailing Address:

6817 SOUTHPOINT PARKWAY
SUITE 401
JACKSONVILLE, FL 32216 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, ATTER & WOLF, P.A.
814 A1A NORTH
SUITE 202
PONTE VEDRA BEACH, FL 32082 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 REUSCHLE, CHRISTOPHER
Address 4776 HODGES BLVD, SUITE 203
City-State-Zip: JACKSONVILLE FL 32224

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: CHRISTOPHER REUSCHLE

MANAGER

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date