

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000098693

**FILED
Jun 08, 2015
Secretary of State
CC2378783269**

Entity Name: COASTAL INSURANCE PROGRAMS II, LLC

Current Principal Place of Business:

140 INTRACOASTAL POINTE DRIVE SUITE 110
JUPITER, FL 33477

Current Mailing Address:

140 INTRACOASTAL POINTE DRIVE SUITE 110
JUPITER, FL 33477 US

FEI Number: 61-1689686

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTWOOD, JAMES DII
185 INDIAN CREEK PARKWAY
107
JUPITER, FL 33458 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	Title	MGRM
Name	COASTAL INSURANCE PROGRAMS, LLC	Name	DTRT INSURANCE GROUP, INC.
Address	140 INTRACOASTAL POINTE DRIVE SUITE 110	Address	12550 W. ATLANTIC BLVD
City-State-Zip:	JUPITER FL 33477	City-State-Zip:	CORAL SPRINGS FL 33071

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: JAMES D. WESTWOOD II

PRESIDENT

06/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date