

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000098693

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
Name COASTAL INSURANCE PROGRAMS, LLC
Address 140 INTRACOASTAL POINTE DRIVE SUITE 110
City-State-Zip: JUPITER FL 33477

Title MGRM
Name DTRT INSURANCE GROUP, INC.
Address 12550 W. ATLANTIC BLVD
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

04/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date