

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000098693

**Entity Name:** COASTAL INSURANCE PROGRAMS II, LLC

**Current Principal Place of Business:**

905 TOWN HALL AVENUE  
JUPITER, FL 33458

**Current Mailing Address:**

905 TOWN HALL AVENUE  
JUPITER, FL 33458

**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 905 TOWN HALL AVENUE  
City-State-Zip: JUPITER FL 33458

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES D. WESTWOOD II

**OWNER**

**04/02/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date