2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2017
Secretary of State
CC2986132391

DOCUMENT# L12000136333

Entity Name: PRO PLAYER INSURANCE GROUP LLC

Current Principal Place of Business:

1716 FOWLER STREET
FORT MYERS, FL 33901

Current Mailing Address:

1716 FOWLER STREET
FORT MYERS, FL 33901 US

FEI Number: 46-1280549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM, EARNEST JR
1716 FOWLER STREET
FORT MYERS, FL 33901 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: EARNEST GRAHAM JR 04/19/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	GRAHAM, EARNEST	Name	WILLIAMS, CARNELL
Address	1716 FOWLER STREET	Address	1716 FOWLER STREET
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	FORT MYERS FL 33901
Title	MGRM	Title	MGRM
Name	GRAHAM, ALICIA	Name	WILLIAMS, EVAN
Address	1716 FOWLER STREET	Address	1716 FOWLER STREET
City-State-Zip:	FORT MYERS FL 33901	City-State-Zip:	FORT MYERS FL 33901

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: ALICIA GRAHAM MANAGING MEMBER 04/19/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date