

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000136333

Entity Name: PRO PLAYER INSURANCE GROUP LLC

Current Principal Place of Business:

2267 S. UNIVERSITY DRIVE
DAVIE, FL 33324

Current Mailing Address:

2267 S. UNIVERSITY DRIVE
DAVIE, FL 33324 US

FEI Number: 46-1280549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM , EARNEST JR.
2267 S. UNIVERSITY DR
DAVIE, FL 33324 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

04/30/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name GRAHAM, EARNEST
Address 2267 S. UNIVERSITY DRIVE
City-State-Zip: DAVIE FL 33324

Title MGRM
Name WILLIAMS, CARNELL
Address 2267 S. UNIVERSITY DRIVE
City-State-Zip: DAVIE FL 33324

Title MGRM
Name GRAHAM, ALICIA
Address 2267 S. UNIVERSITY DRIVE
City-State-Zip: DAVIE FL 33324

Title MGRM
Name WILLIAMS, EVAN
Address 2267 S. UNIVERSITY DRIVE
City-State-Zip: DAVIE FL 33324

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: ALICIA GRAHAM

MANAGING MEMBER

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date