

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000148022

Entity Name: FIRST ACCESS INSURANCE GROUP, LLC**Current Principal Place of Business:**2600 MCCORMICK DRIVE
SUITE 300
CLEARWATER, FL 33759**Current Mailing Address:**2600 MCCORMICK DRIVE
SUITE 300
CLEARWATER, FL 33759 US**FEI Number:** 80-0872052**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	CEO, DIRECTOR
Name	LUCAS, BRUCE THOMAS
Address	2600 MCCORMICK DRIVE SUITE 300
City-State-Zip:	CLEARWATER FL 33759

Title	DIRECTOR, PRESIDENT
Name	GARATEIX, ERNESTO JOSE
Address	2600 MCCORMICK DR STE 300
City-State-Zip:	CLEARWATER FL 33758

Title	CFO
Name	LUSK, KIRK HOWARD
Address	2600 MCCORMICK DR STE 300
City-State-Zip:	CLEARWATER FL 33758

Title	VP
Name	PEISO, JOSEPH RENE
Address	2600 MCCORMICK DRIVE SUITE 300
City-State-Zip:	CLEARWATER FL 33759

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: JOSEPH PEISO

VICE PRESIDENT

01/16/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date