

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000012900

Entity Name: SALIX INSURANCE SOLUTIONS LLC

Current Principal Place of Business:

1100 NW 163 DR
MIAMI, FL 33169

Current Mailing Address:

1100 NW 163 DR
MIAMI, FL 33169 US

FEI Number: 46-1873087

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN DOOSSELAERE, ALAIN
1800 SW 1ST AVENUE
306
MIAMI, FL 33129 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 RESTREPO TORRES, CAMILO
Address 41 SE 5TH STREET #1002
City-State-Zip: MIAMI FL 33131

Title MGR
Name TURK, GUILLERMO
Address CRA. 1 #108-30
City-State-Zip: BOGOTA CO 10000

Title MGR
Name DURAN ARIZA, GONZALO
Address 5700 SUGARBUSH LANE
City-State-Zip: ROCKVILLE MD 20852

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: CAMILO RESTREPO TORRES

MGRM

02/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date