2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2015
Secretary of State
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Entity Name: INPRO INSURANCE PROTECTION GROUP LLC

Current Principal Place of Business:

3453 ALDRIDGE RD E
JACKSONVILLE, FL 32250

Current Mailing Address:

3453 ALDRIDGE RD E
JACKSONVILLE, FL 32250

FEI Number: 46-2989482

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILLIPS, CHRISTOPHER B
3453 ALDRIDGE RD E
JACKSONVILLE, FL 32250 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	Title	MGRM
Name	PHILLIPS, CHRISTOPHER B	Name	THOMPSON, NICOLE J
Address	3453 ALDRIDGE RD E	Address	3453 ALDRIDGE RD E
City-State-Zip:	JACKSONVILLE FL 32250	City-State-Zip:	JACKSONVILLE FL 32250

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: CHRISTOPHER PHILLIPS MGRM 04/24/2015

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