

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000137224

Entity Name: ACCESS GENERAL AGENCY OF FLORIDA, LLC

Current Principal Place of Business:

THREE RAVINIA DR., STE-400
ATLANTA, GA 30346

Current Mailing Address:

THREE RAVINIA DR., STE-400
ATLANTA, GA 30346

FEI Number: 01-0580631

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 MGRM
Name ACCESS INSURANCE HOLDINGS, LLC
Address THREE RAVINIA DR., STE-400
City-State-Zip: ATLANTA GA 30346

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: ACCESS INSURANCE HOLDINGS, LLC

MGRM

04/02/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date