

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000145570

**Entity Name:** MARTIN INSURANCE, LLC

**Current Principal Place of Business:**

2509 BARRINGTON CIRCLE  
SUITE 105  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2855 APALACHEE PARKWAY  
268F  
TALLAHASSEE, FL 32301

**FEI Number:** 46-3875958

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MARTIN, KORTNEY M  
2855 APALACHEE PARKWAY  
268F  
TALLAHASSEE, FL 32301 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 MARTIN, KORTNEY M  
Address 2855 APALACHEE PARKWAY  
City-State-Zip: TALLAHASSEE FL 32301

Title AUTHORIZED MEMBER  
Name MARTIN, JEREMY T  
Address 2855 APALACHEE PARKWAY  
City-State-Zip: TALLAHASSEE FL 32301

*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:** KORTNEY MARTIN

MGR

01/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date