

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000061224

Entity Name: GOOD FAITH INSURANCE SERVICES - PROPERTY & CASUALTY, LLC

Current Principal Place of Business:

5901 ARGERIAN DRIVE
SUITE 101
WESLEY CHAPEL, FL 33545

Current Mailing Address:

5901 ARGERIAN DRIVE
SUITE 101
WESLEY CHAPEL, FL 33545 US

FEI Number: 46-5390651

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTES, EDDA L
5901 ARGERIAN DRIVE
SUITE 101
WESLEY CHAPEL, FL 33545 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 AMBR
Name MONTES, EDDA L
Address 5901 ARGERIAN DRIVE, SUITE 101
City-State-Zip: WESLEY CHAPEL FL 33545

Title AMBR
Name PAULSEN, ROCIO D
Address 5901 ARGERIAN DRIVE, SUITE 101
City-State-Zip: WESLEY CHAPEL FL 33545

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: EDDA LEE MONTES

REGISTERED AGENT

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date