

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000087565

FILED
Jan 10, 2020
Secretary of State
9842556793CC

Entity Name: GREEN HILL INSURANCE GROUP LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1259 MELONTREE CT
GOTHA, FL 34734

Current Mailing Address:

1259 MELONTREE CT
GOTHA, FL 34734 US

FEI Number: 47-0990216

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HILL, SASHENEE
1259 MELONTREE CT
GOTHA, FL 34734 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 AUTHORIZED REPRESENTATIVE
Name HILL, SASHENEE YUCLEAN
Address 1259 MELONTREE CT
City-State-Zip: GOTHA FL 34734

Title AUTHORIZED REPRESENTATIVE
Name HILL, LAWFORD LLOYD
Address 1259 MELONTREE CT
City-State-Zip: GOTHA FL 34734

Title TRUSTEE
Name HILL, LEIGHTON LAMAR
Address 1259 MELONTREE CT
City-State-Zip: GOTHA FL 34734

Title TRUSTEE
Name HILL, DELANO TAVERIS
Address 1259 MELONTREE CT
City-State-Zip: GOTHA FL 34734

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: SASHENEE HILL

AR

01/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date