2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2015
Secretary of State
CC6028279132

DOCUMENT# L14000094701

Entity Name: MOTO INSURE, LLC

Current Principal Place of Business:

310 ALBERTANNA CT
SAFETY HARBOR, FL 34695

Current Mailing Address:

310 ALBERTANNA CT
SAFETY HARBOR, FL 34695 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREIVE, STACIE
310 ALBERTANNA CT
SAFETY HARBOR, FL 34695 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	MGR
Name	GREIVE, STACIE
Address	310 ALBERTANNA CT
City-State-Zip:	SAFETY HARBOR FL 34695

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: STACIE GREIVE OWNER 02/21/2015

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