

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000108989

**Entity Name:** AMERICA INSURANCE GROUP LLC

**Current Principal Place of Business:**

385 CENTERPOINTE CIRCLE SUITE 1333  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

385 CENTERPOINTE CIRCLE  
SUITE 1333  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 47-1360888

**Certificate of Status Desired:** No

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

SAMAROO, MAHENDRA R  
385 CENTERPOINTE CIRCLE  
SUITE 1333  
ALTAMONTE SPRINGS, FL 32701 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:** MAHENDRA R. SAMAROO

02/08/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SAMAROO, MAHENDRA R  
Address 11560 CLAYMONT CIRCLE  
City-State-Zip: WINDERMERE FL 34786

Title MGR  
Name SAMAROO, MICHAEL  
Address 11560 CLAYMONT CIRCLE  
City-State-Zip: WINDERMERE FL 34786

*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:** MAHENDRA SAMAROO

MGRM

02/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date