2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2015
Secretary of State
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Entity Name: HI-LINE INSURANCE CO.

Current Principal Place of Business:

3629 DAVIE BLVD
FORT LAUDERDALE, FL 33312

Current Mailing Address:

3629 DAVIE BLVD
FORT LAUDERDALE, FL 33312

FEI Number: 47-2567059

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUPOUX, SOPHIA M
3627 DAVIE BLVD
FORT LAUDERDALE, FL 33312 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	PRES	Title	VP
Name	DUPOUX, SOPHIA M	Name	DUPOUX, JEAN R
Address	3629 DAVIE BLVD	Address	3629 DAVIE BLVD
City-State-Zip:	FORT LAUDERDALE FL 33312	City-State-Zip:	FORT LAUDERDALE FL 33312

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: SOPHIA DUPOUX PRESIDENT 03/13/2015

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