

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000189599

Entity Name: DIVINE INSURANCE,LLC

Current Principal Place of Business:

1011 EMMETT LN
WINTER GARDEN, FL 34787

Current Mailing Address:

1011 EMMETT LN
WINTER GARDEN, FL 34787

FEI Number: 47-2709828

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANGANI, NEERAV N
1011 EMMETT LANE
WINTER GARDEN, FL 34787 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 SANGANI, NEERAV N
Address 1011 EMMETT LANE
City-State-Zip: WINTER GARDEN FL 34787

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: NEERAV SANGANI

MEMBER

03/11/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date