

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000191662

Entity Name: DISPARTI INSURANCE GROUP, LLC

Current Principal Place of Business:

1041 U.S. HIGHWAY 19
HOLIDAY, FL 34691

Current Mailing Address:

1041 U.S. HIGHWAY 19
HOLIDAY, FL 34691

FEI Number: 47-2724637

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DISPARTI, LAWRENCE J
1041 U.S. HIGHWAY 19
HOLIDAY, FL 34691 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 DISPARTI, MICHAEL
Address 1041 U.S. HIGHWAY 19
City-State-Zip: HOLIDAY FL 34691

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: MICHAEL DISPARTI

PRESIDENT

01/23/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date