

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000068176

**Entity Name:** HARBOR INSURANCE OF FLORIDA, LLC

**Current Principal Place of Business:**

4336 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33980

**Current Mailing Address:**

4336 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33980 US

**FEI Number:** 47-3780825

**Certificate of Status Desired:** No

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

MCCRORY LAW FIRM, PL  
309 TAMIAMI TRAIL  
PUNTA GORDA, FL 33950 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:** AMANDA JILL C. MCCRORY

04/30/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name FREELAND, CHRISTOPHER  
Address 1950 JAMAICA WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title AMBR  
Name HOTCHKISS, SHAUNE  
Address 1950 JAMAICA WAY  
City-State-Zip: PUNTA GORDA FL 33950

*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:** CHRISTOPHER FREELAND

MANAGER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date