

2017 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

04/26/2017

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

AMBR

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date