

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000136098

**Entity Name:** WS INSURANCE GROUP, LLC

**Current Principal Place of Business:**

7401 WILES ROAD  
SUITE 111  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

7401 WILES ROAD  
SUITE 111  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 47-4778970

**Certificate of Status Desired:** No

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

SAM, SANDRA  
7401 WILES ROAD  
SUITE 111  
CORAL SPRINGS, FL 33067 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 AMBR  
Name SAM, SANDRA  
Address 7401 WILES ROAD  
SUITE 111  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** SANDRA SAM

AMBR

01/19/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date