

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000136098

Entity Name: WS INSURANCE GROUP, LLC

Current Principal Place of Business:

5728 MAJOR BLVD
SUITE 174
ORLANDO, FL 32819

Current Mailing Address:

5728 MAJOR BLVD
SUITE 174
ORLANDO, FL 32819 US

FEI Number: 47-4778970

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAM, SANDRA
5728 MAJOR BLVD
SUITE 174
ORLANDO, FL 32819 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 PO BOX 2820
City-State-Zip: WINDERMERE FL 34786

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

04/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date