

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000190535

Entity Name: CUSTOM INSURANCE, LLC

Current Principal Place of Business:

470 EXECUTIVE CENTER DR
APT 2J
WEST PALM BEACH, FL 33401

Current Mailing Address:

470 EXECUTIVE CENTER DR
APT 2J
WEST PALM BEACH, FL 33401 US

FEI Number: 81-4673403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DONNELLY, JASON A
470 EXECUTIVE CENTER DR
APT 2J
WEST PALM BEACH, FL 33401 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 DONNELLY, JASON A
Address 470 EXECUTIVE CENTER DRIVE
APT 2J
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR
Name TVETER, KELLY D
Address 10237 HUNT CLUB LANE
City-State-Zip: PALM BEACH GARDENS FL 33418

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: JASON DONNELLY

MGR

03/03/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date