

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 25, 2019
Secretary of State
6847227840CC

Entity Name: LAUREATE INSURANCE PARTNERS, LLC

Current Principal Place of Business:

4010 W. BOY SCOUT BLVD., STE. 200
TAMPA, FL 33607

Current Mailing Address:

4010 W. BOY SCOUT BLVD., STE. 200
TAMPA, FL 33607 US

FEI Number: 81-5475339

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALDWIN, L. LOWRY
4010 W. BOY SCOUT BLVD., STE. 200
TAMPA, FL 33607 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 P
Name BALDWIN, TREVOR
Address 4010 W. BOY SCOUT BLVD., STE. 200
City-State-Zip: TAMPA FL 33607

Title VP
Name FINNEY, JOE
Address 4010 W. BOY SCOUT BLVD., STE. 200
City-State-Zip: TAMPA FL 33607

Title CFO
Name WIEBECK, KRIS
Address 4010 W. BOY SCOUT BLVD., STE. 200
City-State-Zip: TAMPA FL 33607

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: TREVOR BALDWIN

PRESIDENT

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date