

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000041696

**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**

**04/18/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date