

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000057061

Entity Name: TAVISTOCK INSURANCE PARTNERS, LLC**Current Principal Place of Business:**6900 TAVISTOCK LAKES BLVD., STE. 200
ORLANDO, FL 32827**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD., STE. 200
ORLANDO, FL 32827**FEI Number:** 61-1821391**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL REGISTERED AGENTS, INC.
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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:** PETER F. SOUZA, ASSISTANT SECRETARY

04/02/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name ZBORIL, JAMES L
Address 6900 TAVISTOCK LAKES BLVD., STE.
200
City-State-Zip: ORLANDO FL 32827

Title VP
Name BYRNES, DANIEL R
Address 6900 TAVISTOCK LAKES BLVD., STE.
200
City-State-Zip: ORLANDO FL 32827

Title VP
Name DEMARS, DEBORAH J
Address 6900 TAVISTOCK LAKES BLVD., STE.
200
City-State-Zip: ORLANDO FL 32827

Title VP, S
Name RENCORET, MICHELLE R
Address 6900 TAVISTOCK LAKES BLVD., STE.
200
City-State-Zip: ORLANDO FL 32827

Title VP
Name THAKKAR, RASESH
Address 6900 TAVISTOCK LAKES BLVD., STE.
200
City-State-Zip: ORLANDO FL 32827

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: JAMES L. ZBORIL

PRESIDENT

04/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date