2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2020
Secretary of State
1421983495CC

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Entity Name: CATO PLEUS INSURANCE LLC

Current Principal Place of Business:

1281 N UNIVERSITY DR
CORAL SPRINGS, FL 33071

Current Mailing Address:

1281 N UNIVERSITY DR
CORAL SPRINGS, FL 33071 US

FEI Number: 82-5455802

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PLEUS, RENEE K
1281 N UNIVERSITY DR
CORAL SPRINGS, FL 33071 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	OWNER
Name	PLEUS, RENEE
Address	1281 N UNIVERSITY DR
City-State-Zip:	CORAL SPRINGS FL 33071

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: RENEE PLEUS OWNER 03/26/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date