

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000167602

**Entity Name:** HORTON INSURANCE GROUP LLC

**Current Principal Place of Business:**

3108 NE 9TH ST.  
OCALA, FL 34470

**Current Mailing Address:**

3108 NE 9TH ST.  
OCALA, FL 34470 US

**FEI Number:** 84-2374700

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HORTON, MICHAEL J  
3108 NE 9TH ST.  
OCALA, FL 34470 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:** MICHAEL J HORTON

12/16/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HORTON, MICHAEL J  
Address 3108 NE 9TH ST.  
City-State-Zip: OCALA FL 34470

*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:** MICHAEL J HORTON

12/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date