

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000239934

**Entity Name:** WHITE COAT INSURANCE GROUP, LLC

**Current Principal Place of Business:**

13340 WEST COLONIAL DRIVE SUITE 250  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

13340 WEST COLONIAL DRIVE SUITE 250  
WINTER GARDEN, FL 34787 US

**FEI Number:** 84-3284591

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
7901 4TH ST N STE 300  
ST. PETERSBURG, FL 33702 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 AMBR  
Name TRAWINSKI, NICHOLAS  
Address 13340 WEST COLONIAL DRIVE SUITE  
250  
City-State-Zip: WINTER GARDEN FL 34787

Title AMBR  
Name TRAWINSKI, SARAH  
Address 13340 WEST COLONIAL DRIVE SUITE  
250  
City-State-Zip: WINTER GARDEN FL 34787

*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:** NICHOLAS TRAWINSKI

**MEMBER**

**04/22/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date