

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003775

Entity Name: ASSUREDPARTNERS SPECIALTY INSURANCE BROKERS, LLC

Current Principal Place of Business:

200 COLONIAL CENTER PARKWAY
STE. 150
LAKE MARY, FL 32746

Current Mailing Address:

200 COLONIAL CENTER PARKWAY
STE. 150
LAKE MARY, FL 32746 US

FEI Number: 01-0621284

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name HENDERSON, JIM W.
Address 200 COLONIAL CENTER PARKWAY
STE. 150
City-State-Zip: LAKE MARY FL 32746

Title MANAGER
Name RILEY, THOMAS E.
Address 200 COLONIAL CENTER PARKWAY
STE. 150
City-State-Zip: LAKE MARY FL 32746

Title SECRETARY
Name KINNETT, STANLEY K. II
Address 200 COLONIAL CENTER PARKWAY
STE. 150
City-State-Zip: LAKE MARY FL 32746

Title MANAGER
Name VREDENBURG, PAUL
Address 200 COLONIAL CENTER PARKWAY
STE. 150
City-State-Zip: LAKE MARY FL 32746

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: STANLEY K. KINNETT II

SECRETARY

03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date