

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005484

Entity Name: NORTH AMERICAN ADVANTAGE INSURANCE SERVICES, LLC

Current Principal Place of Business:

1707 MARKET PLACE
SUITE 100
IRVING, TX 75063

Current Mailing Address:

760 NW 107TH AVENUE
SUITE 400
MIAMI, FL 33172 US

FEI Number: 51-0540898

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KELLER, CLOTILDE C
Address 760 N.W. 107TH AVENUE
SUITE 400
City-State-Zip: MIAMI FL 33172

Title MGR
Name FISCHER, THOMAS J
Address 760 NW 107TH AVENUE
SUITE 400
City-State-Zip: MIAMI FL 33172

Title MGR
Name FERNANDEZ, EMILIO
Address 760 NW 107TH AVENUE
SUITE 400
City-State-Zip: MIAMI FL 33172

Title VP
Name DIXON, BRIAN S
Address 1707 MARKET PLACE
SUITE 100
City-State-Zip: IRVING TX 75063

Title EXECUTIVE VICE PRESIDENT,
SECRETARY
Name HOWETH, JEFFERSON E
Address 760 NW 107TH AVENUE
SUITE 400
City-State-Zip: MIAMI FL 33172

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: JEFFERSON E. HOWETH

EXEC. V.P.

04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date