

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000004904

Entity Name: ELEVEN AVIATION INSURANCE SOLUTIONS, LLC**Current Principal Place of Business:**200 COLONIAL CENTER PARKWAY, SUITE 150
LAKE MARY, FL 32746**Current Mailing Address:**200 COLONIAL CENTER PARKWAY, SUITE 150
LAKE MARY, FL 32746 US**FEI Number:** 30-0922040**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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,
 SUITE 150
City-State-Zip: LAKE MARY FL 32746

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

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

Title MANAGING DIRECTOR
Name HOLLINGER, THOMAS
Address 200 COLONIAL CENTER PARKWAY,
 SUITE 150
City-State-Zip: LAKE MARY FL 32746

Title MEMBER
Name ASSUREDPARTNERS CAPITAL, INC.
Address 200 COLONIAL CENTER PARKWAY,
 SUITE 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: PAUL VREDENBURG

MANAGER

04/18/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date