

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055854

Entity Name: HOWDEN INSURANCE, LLC

Current Principal Place of Business:

1111 BRICKELL AVENUE, SUITE 2725
MIAMI, FL 33131

Current Mailing Address:

1111 BRICKELL AVENUE, SUITE 2725
MIAMI, FL 33131

FEI Number: 20-5060687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CLAUDIO, CARLOS
Address 1111 BRICKELL AVE, STE 2725
City-State-Zip: MIAMI FL 33131

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: CARLOS CLAUDIO

MANAGER

04/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date