

No. W 76466		Due no later than Jul 31, 2015		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705	
		1. Mailing Address: Correct in this box if needed. WRIGHT SPECIALTY INSURANCE AGENCY, LLC 333 EARLE OVINGTON BLVD. SUITE 505 UNIONDALE NY 11553 USA		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	ANTHONY M GRIPPA	220 S. RIDGEWOOD AVE	DAYTONA BEACH	FL	USA 32114
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
DE W 76466		Signature: Michelle Donato		Date: 06/26/2015	
		Name (type or print): Michelle Donato		Title: POA	
Processed 06/26/2015		* Electronically provided signatures are accepted as original signatures.			