No. W 157053		Due no later than Oct 31, 2018		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. FOCUS INSURANCE SERVICES, LLC 1300 SAWGRASS CORPORATE PKWY STE 300 SUNRISE FL 33323		921 S ORCH BOISE ID 8	NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar					- Curigoni Ci	g. aca. c.		
Office Held	Name	nes and Addresses o	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MANAGER KEVIN M TROMER		1300 SAWGRASS CORPORATE PARK SUITE 300	^{KWA} SUNRISE	FL	USA	33323	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
FL W 157053		Signature: Orion Whitlock			Date: 08/22/2018			
		Name (type or pr		Title: Secretary				
Processed 08/22/201	18	* Electronically provi	ded signatures are accepted as original si	gnatures.				