



State of Rhode Island  
Department of State - Business Services Division

**Fictitious Business Name Statement**


DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

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Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:


1. Entity ID Number:  001766262	2. The name of the Limited Liability Company is:  AssuredPartners of Florida, LLC
3. The fictitious business name to be used is:  Hugh Cotton Insurance	
4. The state or country the entity is formed is:  Florida	5. The date of formation is:  12-6-2023
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
7. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.	
Name of Applicant Limited Liability Company  AssuredPartners of Florida, LLC	Date  12/13/2023
Signature of Authorized Person   Kara Korosec	

**MAIL TO:**

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).