

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041651

**Entity Name:** MICKEY H. RAWLS INSURANCE, LLC

**Current Principal Place of Business:**

1410 NW 13TH ST  
SUITE 9  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1410 NW 13TH ST  
SUITE 9  
GAINESVILLE, FL 32601

**FEI Number:** 20-0460769

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RAWLS, MICKEY H  
1410 NW 13TH ST  
SUITE 9  
GAINESVILLE, FL 32601 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 RAWLS, MICKEY H  
Address 1410 NW 13TH ST STE 9  
City-State-Zip: GAINESVILLE FL 32601

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:** MICKEY H RAWLS

OWNER/MGR

01/15/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date