

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000006726

**Entity Name:** HEADLEY INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

3544 S. FLORIDA AVENUE  
LAKELAND, FL 33803

**Current Mailing Address:**

3544 S. FLORIDA AVENUE  
LAKELAND, FL 33803

**FEI Number:** 20-2214257

**Certificate of Status Desired:** No

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

HEADLEY, SCOTT J  
3544 S. FLORIDA AVENUE  
LAKELAND, FL 33803 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 MGRM  
Name HEADLEY, SCOTT J  
Address 3544 S. FLORIDA AVENUE  
City-State-Zip: LAKELAND FL 33803

Title MGRM  
Name HEADLEY, SHARI J  
Address 3544 SOUTH FLORIDA AVE  
City-State-Zip: LAKELAND FL 33803

*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:** SCOTT J HEADLEY

**OWNER**

**01/10/2017**

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

\_\_\_\_\_  
Date