

2015 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 JOSEPH HEADLEY

OWNER

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date