2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2018
Secretary of State
CC7432285966

DOCUMENT# L05000101976

Entity Name: ELLETT INSURANCE, P.L.

Current Principal Place of Business:

905 NW 56TH TERRACE
SUITE A
GAINESVILLE, FL 32605-6408

Current Mailing Address:

905 NW 56TH TERRACE
SUITE A
GAINESVILLE, FL 32605-6408

FEI Number: 59-2743815

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ELLETT, EDWARD C
905 NW 56TH TERRACE
SUITE A
GAINESVILLE, FL 32605-6408 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	Title	T
Name	EDWARD C. ELLETT, C.L.U., C.P.C.U., C.I.C.	Name	ELLETT, MARCIA E
Address	905 NW 56TH TERRACE, #A	Address	905 NW 56TH TERRACE, SUITE A
City-State-Zip:	GAINESVILLE FL 32605-6408	City-State-Zip:	GAINESVILLE FL 32605

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: MARCIA E. ELLETT AGENT/CONTROLLER 01/31/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date