

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000103773

**Entity Name:** LUCAS GROUP - INSURANCE & FINANCIAL SERVICES, LLC

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC2945173114**

**Current Principal Place of Business:**

2620 MANATEE AVE W STE B  
BRADENTON, FL 34205

**Current Mailing Address:**

2118 12TH AVE W  
BRADENTON, FL 34205

**FEI Number: 20-4435268**

**Certificate of Status Desired: No**

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

LUCAS, ELAINE P  
2118 12TH AVE W  
BRADENTON, FL 34205 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 C  
Name LUCAS, ELAINE P  
Address 2118 12TH AVE W.  
City-State-Zip: BRADENTON FL 34205

Title CEO  
Name LUCAS, GEORGE H  
Address 2118 12TH AVE W  
City-State-Zip: BRADENTON FL 34205

Title P  
Name LUCAS, GEORGE G  
Address 2118 12TH AVE W  
City-State-Zip: BRADENTON FL 34205

Title VP  
Name LUCAS, JONATHAN A  
Address 2118 12TH AVE W  
City-State-Zip: BRADENTON FL 34205

*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: ELAINE P. LUCAS**

**CHAIRMAN**

**01/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date