

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000058602

**Entity Name:** ALBRECHT INSURANCE & FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

1820 STATE ROAD 13  
SUITE 7  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

1820 STATE ROAD 13  
SUITE 7  
SAINT JOHNS, FL 32259 US

**FEI Number:** 68-0630184

**Certificate of Status Desired:** No

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

ALBRECHT, JADE A  
3609 CITARA CT  
ST AUGUSTINE, FL 32092 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 ALBRECHT, JADE A  
Address 3609 CITRA CT  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** JADE ALBRECHT

**OWNER**

**02/01/2016**

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

\_\_\_\_\_  
Date