

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105460

Entity Name: FULLER INSURANCE LLC

Current Principal Place of Business:

4821 US HIGHWAY 98 W SUITE 103
SANTA ROSA BEACH FL 32459

Current Mailing Address:

P.O. BOX 1583
SANTA ROSA BEACH FL 32459

FEI Number: 20-5795234

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FULLER, GARRETT
4821 US HIGHWAY 98 W SUITE 103
SANTA ROSA BEACH FL 32459 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 FULLER, GARRETT N
Address 174 BONAIRE BLVD
City-State-Zip: MIRAMAR BEACH FL 32550

Title MGRM
Name FULLER, TERISA L
Address 174 BONAIRE BLVD
City-State-Zip: MIRAMAR BEACH FL 32550

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: GARRETT N FULLER

MANAGING MEMBER

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date