

**2020 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**

**02/27/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date