

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106964

Entity Name: THE FAILLE AGENCY, LLC

Current Principal Place of Business:

917 HOSPITAL DR
NICEVILLE, FL 32578

Current Mailing Address:

917 HOSPITAL DR
NICEVILLE, FL 32578 US

FEI Number: 20-5830748

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAILLE, CHRISTOPHER R
917 HOSPITAL DR
NICEVILLE, FL 32578 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 FAILLE, CHRISTOPHER R
Address 917 HOSPITAL DR
City-State-Zip: NICEVILLE FL 32578

Title MGMR
Name FAILLE, FRANCES A
Address 917 HOSPITAL DR
City-State-Zip: NICEVILLE FL 32578

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: CHRISTOPHER R FAILLE

AGENCY MANAGER

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date