

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111445

Entity Name: SOVEREIGN INSURANCE SERVICES, LLC

Current Principal Place of Business:

581 NORTH PARK AVENUE
#4278
APOPKA, FL 32704

Current Mailing Address:

581 NORTH PARK AVENUE
#4278
APOPKA, FL 32704 US

FEI Number: 20-5898924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FENWICK, DALE
1272 ERROL PARKWAY
APOPKA, FL 32712 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 FENWICK, DALE
Address 1272 ERROL PARKWAY
City-State-Zip: APOPKA FL 32712

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: DALE FENWICK

MANAGING MEMBER

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date