

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000051353

Entity Name: INSURANCE CONCEPTS LLC

Current Principal Place of Business:

361 N. CENTRAL AVE.
UMATILLA, FL 32784

Current Mailing Address:

361 N. CENTRAL AVE.
UMATILLA, FL 32784

FEI Number: 56-2658787

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTOPHERSON, PAUL H
7220 CHESTERHILL CIRCLE
MOUNT DORA, FL 32757 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 MGR
Name SUSS, RUBY J
Address 1600 E. WASHINGTON AVE.
City-State-Zip: EUSTIS FL 32736

Title MGRM
Name CHRISTOPHERSON, PAUL H
Address 7220 CHESTERHILL CIRCLE
City-State-Zip: MOUNT DORA FL 32757

Title MGRM
Name OLIVER, PHILIP
Address 3321 INDIAN TRL.
City-State-Zip: EUSTIS FL 32726

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: PAUL CHRISTOPHERSON

**MANAGING MEMBER &
CFO**

01/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date