

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088096

**Entity Name:** MY INSURANCE GUY LLC

**Current Principal Place of Business:**

10240-A WEST SAMPLE RD  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10240-A WEST SAMPLE RD  
CORAL SPRINGS, FL 33065

**FEI Number:** 33-1182079

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PARKS, CHRISTIAN  
C/O PARKS AND COMPANY LLC  
1761 W. HILLSBORO BLVD., STE 326  
DEERFIELD BEACH, FL 33442 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 POGGI, KRISTAL V MGRM  
Address 10240-A WEST SAMPLE ROAD  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** KRISTAL POGGI

MGRM

03/07/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date