

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126434

Entity Name: JACK RICE INSURANCE, LLC**Current Principal Place of Business:**13080 S. BELCHER ROAD, SUITE H
LARGO, FL 33773**Current Mailing Address:**13080 S. BELCHER ROAD, SUITE H
LARGO, FL 33773**FEI Number:** 26-1622326**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WEBSTER, CYNTHIA MCEO/PRE
2289 PINNACLE CIRCLE
PALM HARBOR, FL 34684 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 CEO
Name WEBSTER, CYNTHIA MMGMR
Address 2289 PINNACLE CIRCLE
City-State-Zip: PALM HARBOR FL 34684

Title VP
Name GROBMYER, JR., JAMES EMGR
Address 1240 MONTICELLO BLVD. N.
City-State-Zip: ST. PETERSBURG FL 33703

Title VP
Name FARLEY, ANNE RVP
Address 6888 118TH PLACE
City-State-Zip: LARGO FL 33773

Title VP
Name RICE, JR, JACK SMGR
Address 340 1ST STREET NORTH
APT F
City-State-Zip: ST. PETERSBURG FL 33701

Title MGMR
Name RICE, JACQUELINE FMGMR
Address 13587 HERON CIRCLE
City-State-Zip: CLEARWATER FL 33762

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: CYNTHIA M. WEBSTER

CEO/PRESIDENT

03/27/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date