

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000008967

**Entity Name:** CARRERAS INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

5620 TARA BLVD.  
103  
BRADENTON, FL 34203

**Current Mailing Address:**

5620 TARA BLVD.  
103  
BRADENTON, FL 34203

**FEI Number:** 26-2015342

**Certificate of Status Desired:** No

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

CARRERAS, GILBERT D  
5620 TARA BLVD.  
103  
BRADENTON, FL 34203 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 AMBR  
Name CARRERAS, GILBERT D  
Address 5620 TARA BLVD SUITE 103  
City-State-Zip: BRADENTON FL 34203

Title AMBR  
Name BRANT, LOTHAIRE  
Address 5620 TARA BLVD SUITE 103  
City-State-Zip: BRADENTON FL 34203

*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:** LOTHAIRE BRANT

**OWNER/MANAGER**

**04/25/2017**

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

\_\_\_\_\_  
Date