

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055544

Entity Name: NOLAN JACKSON INSURANCE CORNERSTONE INSURANCE
OF FLORIDA, LLC

FILED
Feb 16, 2015
Secretary of State
CC6920762002

Current Principal Place of Business:

6702C PLANTATION ROAD
STE B
PENSACOLA, FL 32504

Current Mailing Address:

6702C PLANTATION ROAD
STE B
PENSACOLA, FL 32504

FEI Number: 26-2655474

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, STEPHEN M
6702C PLANTATION ROAD STE. B
PENSACOLA, FL 32504 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 JONES, STEPHEN M
Address 6702C PLANTATION ROAD STE. B
City-State-Zip: PENSACOLA FL 32504

Title MGRM
Name JACKSON, NOLAN
Address 2305 WEST PARK PLACE BLVD
City-State-Zip: STONE MOUNTAIN GA 30087

Title MNGM
Name DICKSON, DAVID M
Address 6702C PLANTATION RD
City-State-Zip: PENSACOLA FL 32504

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: STEPHEN M JONES

MGR

02/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date