2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2016
Secretary of State
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Entity Name: NOLAN JACKSON INSURANCE CORNERSTONE INSURANCE OF FLORIDA, LLC

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	Title	MGRM
Name	JONES, STEPHEN M	Name	JACKSON, NOLAN
Address	6702C PLANTATION ROAD STE. B	Address	2305 WEST PARK PLACE BLVD
City-State-Zip:	PENSACOLA FL 32504	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 02/03/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date