

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094062

Entity Name: SAFEGUARD INSURANCE AGENCY OF FLORIDA LLC

Current Principal Place of Business:

409 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974

Current Mailing Address:

409 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974 US

FEI Number: 26-3488118

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OCAIN, TIFFANY K
2065 NW 2ND STREET
OKEECHOBEE, FL 34972 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 OCAIN, TIFFANY K
Address 2065 NW 2ND STREET
City-State-Zip: OKEECHOBEE FL 34972

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: TIFFANY K OCAIN

MGR

04/10/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date