

**2015 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	Title	MGRM
Name	OCAIN, TIFFANY K	Name	OCAIN, MICHAEL S
Address	2065 NW 2ND STREET	Address	2065 NW 2ND STREET
City-State-Zip:	OKEECHOBEE FL 34972	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**

**04/30/2015**

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

\_\_\_\_\_  
Date