

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000012552

**Entity Name:** FREEMAN BAKER INSURANCE SERVICES LLC

**Current Principal Place of Business:**

10300 49TH ST. N.  
SUITE 401  
CLEARWATER, FL 33762

**Current Mailing Address:**

PO BOX 7052  
CLEARWATER, FL 33758

**FEI Number:** 26-4259073

**Certificate of Status Desired:** No

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

FREEMAN, MELISSA M  
10300 49TH ST. N.  
SUITE 401  
CLEARWATER, FL 33762 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 MGRM  
Name FREEMAN, MELISSA M  
Address 10300 49TH ST. N.  
SUITE 401  
City-State-Zip: CLEARWATER FL 33762

Title MGRM  
Name BAKER, ROBERT  
Address 10300 49TH ST. N.  
SUITE 401  
City-State-Zip: CLEARWATER FL 33762

*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:** ROBERT BAKER

MGRM

03/09/2016

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

\_\_\_\_\_  
Date