

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000012552

Entity Name: FREEMAN BAKER INSURANCE SERVICES LLC

Current Principal Place of Business:

600 BYPASS DR., STE 209
CLEARWATER, FL 33764

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
600 BYPASS DR., STE 209
CLEARWATER, FL 33764 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 600 BYPASS DR., STE 209
City-State-Zip: CLEARWATER FL 33764

Title MGRM
Name BAKER, ROBERT
Address 600 BYPASS DR., STE 209
City-State-Zip: CLEARWATER FL 33764

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

MANAGING MEMBER

04/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date