

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030508

**Entity Name:** FLAGLER INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1412 DEAN ST  
# 300  
FT MYERS, FL 33901

**Current Mailing Address:**

1412 DEAN ST  
# 300  
FT MYERS, FL 33901 US

**FEI Number:** 26-4784093

**Certificate of Status Desired:** No

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

SCALZO, RON  
1412 DEAN ST  
# 300  
FT MYERS, FL 33901 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 SCALZO, RON  
Address 1412 DEAN ST  
# 300  
City-State-Zip: FT MYERS FL 33901

Title MGRM  
Name REBA DEVELOPMENT GROUP, LLC  
Address 1412 DEAN ST  
# 300  
City-State-Zip: FT MYERS FL 33901

*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:** RONALD V SCALZO JR

MGRM

02/14/2014

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

\_\_\_\_\_  
Date