

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037645

**Entity Name:** GOLDEN EAGLE INSURANCE, LLC

**Current Principal Place of Business:**

1247 SCOTTSLAND DRIVE  
LAKELAND, FL 33813

**Current Mailing Address:**

1247 SCOTTSLAND DRIVE  
LAKELAND, FL 33813

**FEI Number: 26-4393826**

**Certificate of Status Desired: No**

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

BACHLOTT, JEFFREY M  
1247 SCOTTSLAND DR  
LAKELAND, FL 33813 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 BACHLOTT, JEFFREY M  
Address 1247 SCOTTSLAND DR  
City-State-Zip: LAKELAND FL 33813

Title MGRM  
Name BACHLOTT, LUCY  
Address 1247 SCOTTSLAND DRIVE  
City-State-Zip: LAKELAND FL 33813

*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: JEFFREY BACHLOTT**

**MANAGER**

**09/01/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date