

2014 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 M BACHLOTT

MGMT

02/27/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date