

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000042667

Entity Name: JECI2 INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

727 COLORADO AVE
STUART, FL 34994

Current Mailing Address:

727 COLORADO AVE
STUART, FL 34994 US

FEI Number: 27-2331158

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, CORINA P
1823 SW SPRINGFIELD CT
PALM CITY, FL 34990 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 MGR
Name SMITH, ELIAS
Address 1823 SW SPRINGFIELD CT
City-State-Zip: PALM CITY FL 34990

Title MGRM
Name SMITH, CORINA P
Address 1823 SW SPRINGFIELD CT
City-State-Zip: PALM CITY FL 34990

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: CORINA SMITH

MGRM

04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date