

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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 OTHER  
Name JECI2 INS SOLUTIONS  
Address 727 COLORADO AVE  
City-State-Zip: STUART FL 34994

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 P SMIH

**OWNER**

**09/10/2015**

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

\_\_\_\_\_  
Date