

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066495

**Entity Name:** KEYES INSURANCE LLC

**Current Principal Place of Business:**

7171 SW 62 AVE., STE 502  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

7171 SW 62 AVE., STE 502  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 27-2904580

**Certificate of Status Desired:** No

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

PLASKETT, MILES L  
200 SOUTH BISCAYNE BOULEVARD SUITE 3400  
MIAMI, FL 33131-2397 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 GALLAGHER PROPERTY AND  
CASUALTY, LLC  
Address 7171 SW 62 AVENUE, SUITE 502  
City-State-Zip: MIAMI FL 33143

Title MGRM  
Name KFINS, LLC  
Address 2121 SW THIRD AVENUE SUITE 200  
City-State-Zip: MIAMI FL 33129-1458

*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:** CHARLES C. PAPY, III

MGRM

04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date