# 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

# 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

# Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	GALLAGHER PROPERTY AND CASUALTY, LLC	Name	KFINS, LLC
		Address	2121 SW THIRD AVENUE SUITE 200
Address	7171 SW 62 AVENUE, SUITE 502	City-State-Zip:	MIAMI FL 33129-1458
City-State-Zip:	MIAMI FL 33143		

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

Date

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 25, 2014 Secretary of State CC7167879124

Certificate of Status Desired: No