

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000092298

Entity Name: THE NATIONAL ASSOCIATION OF INSURANCE AGENCIES, LLC**FILED**
Apr 30, 2018
Secretary of State
CC9811842885**Current Principal Place of Business:**800 YAMATO ROAD
SUITE 100
BOCA RATON, FL 33431**Current Mailing Address:**800 YAMATO ROAD
SUITE 100
BOCA RATON, FL 33431 US**FEI Number: 27-5301453****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: TIMOTHY SYLVESTER****04/30/2018**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, TREASURER, MANAGER
Name SMITH, ANDREW
Address 800 YAMATO ROAD
SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name MORRIS, STUART
Address 800 YAMATO RD
STE 100
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name ESPOSITO, FRANK
Address 800 YAMATO RD
STE 100
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name SMITH, MICHAEL
Address 800 YAMATO RD
STE 100
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name HENRY, ROBERT
Address 800 YAMATO RD
STE 100
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY
Name SMITH, LAUREN
Address 800 YAMATO ROAD
SUITE 100
City-State-Zip: BOCA RATON FL 33431

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: ANDREW SMITH**MANAGER****04/30/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date