

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000100908

Entity Name: 1ST RATE INSURANCE AGENCY LLC

Current Principal Place of Business:

889 TOWNE CENTER DR
KISSIMMEE, FL 34759

Current Mailing Address:

578 FINCH CT
KISSIMMEE, FL 34759

FEI Number: 33-1205618

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RODRIGUEZ, MARTHA
578 FINCH CT
KISSIMMEE, FL 34759 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 OWNE
Name RODRIGUEZ, MARTHA
Address 578 FINCH CT
City-State-Zip: KISSIMMEE FL 34759

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: MARTHA RODRIGUEZ

OWNER

03/18/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date