

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000022829

Entity Name: SUSAN SCHREIBER MARTIN INSURANCE AGENCY, LLC

Current Principal Place of Business:

3723 B DEL PRADO BLVD. S
CAPE CORAL, FL 33904

Current Mailing Address:

P.O. BOX 4308
N FT MYERS, FL 33918 US

FEI Number: 37-1623098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTIN, SUSAN M
3723 B DEL PRADO BLVD. S
CAPE CORAL, FL 33904 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 MARTIN, SUSAN M
Address 18401 DURRANCE RD
City-State-Zip: N FT MYERS FL 33917

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: SUSAN M MARTIN

OWNER

03/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date