

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000071322

Entity Name: J.E.B. INSURANCE SERVICES LLC.

Current Principal Place of Business:

5404 CHESTNUT LAKE DRIVE
JACKSONVILLE, FL 32258

Current Mailing Address:

P.O. BOX 56827
JACKSONVILLE, FL 32241-6827 US

FEI Number: 27-5552243

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OTT, DAVID
5404 CHESTNUT LAKE DRIVE
JACKSONVILLE, FL 32258 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 OTT, DAVID
Address 5404 CHESTNUT LAKE DRIVE
City-State-Zip: JACKSONVILLE FL 32258

Title MGRM
Name OTT, AMY
Address 5404 CHESTNUT LAKE DRIVE
City-State-Zip: JACKSONVILLE FL 32258

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: DAVID OTT

MGRM

02/14/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date