

**2016 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

01/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date