

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000031876

**Entity Name:** SABAL PALM INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

2505 NW SOUTH MANOR AVENUE  
STUART, FL 34994

**Current Mailing Address:**

2505 NW SOUTH MANOR AVENUE  
STUART, FL 34994

**FEI Number:** 45-4718540

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VOSTERS, DOUGLAS B  
2505 NW SOUTH MANOR AVENUE  
STUART, FL 34994 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 MGR  
Name VOSTERS, DOUGLAS B  
Address 2505 NW SOUTH MANOR AVENUE  
City-State-Zip: STUART FL 34994

*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:** DOUGLAS VOSTERS

MGR

03/07/2018

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

\_\_\_\_\_  
Date