

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000059128

Entity Name: TIM SHAW INSURANCE - ACENTRIA, LLC

Current Principal Place of Business:

4091 COLONIAL BLVD.
STE 100
FORT MYERS, FL 33966

Current Mailing Address:

4091 COLONIAL BLVD.
STE 100
FORT MYERS, FL 33966 US

FEI Number: 45-5227451

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FREEMAN, EDWARD MJR
4634 GULFSTARR DRIVE
DESTIN, FL 32541 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 MANAGING MEMBER
Name SHAW, TIM
Address 4091 COLONIAL BLVD.
 STE 100
City-State-Zip: FORT MYERS FL 33966

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: TIM SHAW

MGMR

02/02/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date