

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000105409

**Entity Name:** SAWICKI INSURANCE AGENCY LLC

**Current Principal Place of Business:**

9121 N. MILITARY TRAIL  
SUITE 217  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

PO BOX 1001  
VERNON, CT 06066 US

**FEI Number:** 32-0356511

**Certificate of Status Desired:** No

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

SAWICKI, JOSEPH  
9121 N. MILITARY TRAIL  
SUITE 217  
PALM BEACH GARDENS, FL 33410 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 SAWICKI, JOSEPH  
Address 13 OLD CATHOLE ROAD SOUTH  
City-State-Zip: TOLLAND CT 06084

Title MGRM  
Name SAWICKI, JOSHUA  
Address 55 TALCOTT AVE APT A  
City-State-Zip: VERNON CT 06066

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSHUA SAWICKI

**MGRM**

**01/29/2013**

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

\_\_\_\_\_  
Date