

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000135214

Entity Name: PECO INSURANCE, LLC.

Current Principal Place of Business:

12484 NW SOUTH RIVER DR
SUITE 322
MEDLEY, FL 33178

Current Mailing Address:

12484 NW SOUTH RIVER DR
322
MEDLEY, FL 33178 US

FEI Number: 46-1253033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATISTA, JULIO C
12484 NW SOUTH RIVER DR
SUITE 322
MEDLEY, FL 33178 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 BATISTA, JULIO
Address 7220 WALLACE RD
505
City-State-Zip: CHARLOTTE NC 28212

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: JULIO BATISTA

MGRM

02/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date