

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000135214

Entity Name: PECO INSURANCE, LLC.

Current Principal Place of Business:

10237 BERMUDA DR
COOPER CITY, FL 33026

Current Mailing Address:

10237 BERMUDA DR
COOPER CITY, FL 33026

FEI Number: 46-1253033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATISTA, JULIO C
8715 NW 35 ST
CORALS SPRING, FL 33065 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 CHAPMAN, JOSE
Address 10237 BERMUDA DR
City-State-Zip: COOPER CITY FL 33026

Title MGRM
Name BATISTA, JULIO
Address 3557 N SHARON AMITY RD
205
City-State-Zip: CHARLOTTE NC 28205

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

MANGR

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date