2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2016
Secretary of State
CC3203956380

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Entity Name: INSURANCE SCHOOL OF SW FLORIDA, LLC

Current Principal Place of Business:

909 E. BOUGAIN VILLEA RD.
LEHIGH ACRES, FL 33936

Current Mailing Address:

909 E. BOUGAIN VILLEA RD.
LEHIGH ACRES, FL 33936

FEI Number: 46-4056461

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, THOMAS R
909 E. BOUGAIN VILLEA RD.
LEHIGH ACRES, FL 33936 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	AUTHORIZED REPRESTATIVE
Name	WILLIAMS, THOMAS R
Address	909 E. BOUGAIN VILLEA RD.
City-State-Zip:	LEHIGH ACRES FL 33936

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: THOMAS R. WILLIAMS OWNER 03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date