

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000155353

Entity Name: MJC INSURANCE SERVICES LLC

Current Principal Place of Business:

166 A1A NORTH UNIT 213
PONTE VEDRA, FL 32082

Current Mailing Address:

166 A1A NORTH UNIT 213
PONTE VEDRA, FL 32082 US

FEI Number: 46-4045849

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASPER, JANE
96062 MARSH LAKES DR
FERNANDINA BEACH, FL 32034 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 MGR
Name ROBERTS, MAUREEN
Address 166 A1A NORTH UNIT 213
City-State-Zip: PONTE VEDRA FL 32082

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: MAUREEN ROBERTS

MANAGER

04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date