

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000003620

Entity Name: AARON ADKINSON INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

343 W. CENTRAL AVE
SUITE 101
LAKE WALES, FL 33853

Current Mailing Address:

PO BOX 261
LAKE HAMILTON, FL 33851 US

FEI Number: 46-4457903

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADKINSON, JONATHAN A
321 OMAHA STREET
LAKE HAMILTON, FL 33851 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 ADKINSON, JONATHAN A
Address 321 OMAHA STREET
City-State-Zip: LAKE HAMILTON FL 33851

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: JONATHAN AARON ADKINSON

MGR

01/07/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date