

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000005817

Entity Name: LIGHTHOUSE INSURANCE AGENCY OF FLORIDA LLC

Current Principal Place of Business:

421 COMMERCIAL COURT
SUITE A
VENICE, FL 34292

Current Mailing Address:

421 COMMERCIAL COURT
SUITE A
VENICE, FL 34292

FEI Number: 46-4493863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIPPS, DAVID E
478 SUNNYSIDE DR.
VENICE, FL 34293 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 SHIPPS, DAVID E
Address 478 SUNNYSIDE DR.
City-State-Zip: VENICE FL 34293

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: DAVID SHIPPS

MGR

03/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date