

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000087240

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC5447770127**

**Entity Name:** GATEWAY - ACENTRIA INSURANCE, LLC

**Current Principal Place of Business:**

2430 W OAKLAND PARK BOULEVARD  
FT. LAUDERDALE, FL 33310

**Current Mailing Address:**

2430 W OAKLAND PARK BOULEVARD  
FT. LAUDERDALE, FL 33310 US

**FEI Number:** 47-1027940

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCEACHERN, CHARLES K  
4634 GULFSTARR DR  
DESTIN, FL 32541 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	Title	MGR
Name	GIA	Name	ACENTRIA INC
Address	2430 W OAKLAND PARK BOULEVARD	Address	4634 GULFSTARR DR
City-State-Zip:	FT. LAUDERDALE FL 33310	City-State-Zip:	DESTIN FL 32541

*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:** K CHARLES MCEACHERN

MGMR

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date