

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000104644

Entity Name: S & S INSURANCE AGENCY, LLC

Current Principal Place of Business:

1001 N FEDERAL HWY
314
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1001 N FEDERAL HWY
314
HALLANDALE BEACH, FL 33009 US

FEI Number: 47-1440930

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SALLY, JUSTIN C
1001 N FEDERAL HWY STE 314
HALLANDALE BEACH, FL 33009 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	SYLVA, ANDRES R	Name	SALLY, JUSTIN C
Address	283 CRANES ROOST BLVD STE 111	Address	1001 N FEDERAL HWY STE 314
City-State-Zip:	ALTAMONTE SPRINGS FL 32701	City-State-Zip:	HALLANDALE BEACH FL 33009

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: JUSTIN SALLY

OWNER

03/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date