

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000104644

**Entity Name:** S & S INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

777 DELTONA BLVD,  
STE. 28  
DELTONA, FL 32725

**Current Mailing Address:**

777 DELTONA BLVD,  
STE. 28  
DELTONA, FL 32725 US

**FEI Number:** 47-1440930

**Certificate of Status Desired:** No

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

SALLY, JUSTIN C MGR  
777 DELTONA BLVD,  
STE. 28  
DELTONA, FL 32725 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:** JUSTIN C SALLY

06/08/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SALLY, JUSTIN C  
Address 777 DELTONA BLVD,  
STE. 28  
City-State-Zip: DELTONA FL 32725

*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 C SALLY

MGR

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date