

**2015 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  
1985 S. OCEAN DRIVE  
4H  
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  
Name SYLVA, ANDRES R  
Address 409 SUMMITT RIDGE PLACE  
201  
City-State-Zip: LONGWOOD FL 32779

Title MGR  
Name PALACIOS, DANNY J  
Address 1985 S. OCEAN DRIVE #4H  
City-State-Zip: HALLANDALE BEACH FL 33009

Title MANAGER  
Name SALLY, JUSTIN  
Address 1985 S OCEAN DRIVE  
4H  
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:** ANDRES R SYLVA

**MGR**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date