

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000122434

Entity Name: TCPB INSURANCE SERVICES, LLC

Current Principal Place of Business:

9973 SW STONEGATE DRIVE
PORT ST. LUCIE, FL 34987

Current Mailing Address:

9973 SW STONEGATE DRIVE
PORT ST. LUCIE, FL 34987 US

FEI Number: 47-1538486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOMZALSKI, STEPHEN
9973 SW STONEGATE DRIVE
PORT ST. LUCIE, FL 34987 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 WOLF, TONI M
Address 9973 SW STONEGATE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34987

Title MGR
Name DOMZALSKI, STEPHEN
Address 9973 SW STONEGATE DRIVE
City-State-Zip: PORT ST. LUCIE FL 34987

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: STEPHEN DOMZALSKI

MGR

04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date