

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000181544

Entity Name: VAN ALLEN INSURANCE GROUP, LLC

Current Principal Place of Business:

117 N. SEMINOLE AVENUE
INVERNESS, FL 34450

Current Mailing Address:

P. O BOX 583
INVERNESS, FL 34451

FEI Number: 47-2428656

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VANALLEN, LINDA C
117 N. SEMINOLE AVENUE
INVERNESS, FL 34450 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 VANALLEN, LINDA C
Address P. O. BOX 583
City-State-Zip: INVERNESS FL 34450

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: LINDA C. VANALLEN

MGR

03/02/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date