

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000113410

**Entity Name:** WHITE DOVE INSURANCE AGENCY LLC

**Current Principal Place of Business:**

11720 US HWY 19  
STE 6  
PORT RICHEY, FL 34668

**Current Mailing Address:**

P.O. BOX 6939  
HUDSON, FL 34673 US

**FEI Number:** 47-4426386

**Certificate of Status Desired:** No

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

JANOSKI, LINDA M  
11720 US HWY 19  
STE 6  
PORT RICHEY, FL 34668 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            AMBR  
Name            JANOSKI, LINDA M  
Address        P.O. BOX 6939  
City-State-Zip: HUDSON FL 34673

Title            AMBR  
Name            JANOSKI, JEFFREY S  
Address        P.O. BOX 6939  
City-State-Zip: HUDSON FL 34673

*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 M JANOSKI

AMBR

04/20/2016

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

\_\_\_\_\_  
Date