

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000147605

**Entity Name:** HCB INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

200 SOUTH INDIAN RIVER DRIVE, STE 101  
FT. PIERCE, FL 34950

**Current Mailing Address:**

200 SOUTH INDIAN RIVER DRIVE, STE 101  
FT. PIERCE, FL 34950

**FEI Number:** 47-4981468

**Certificate of Status Desired:** No

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

GY CORPORATE SERVICES, INC.  
600 BRICKELL AVENUE, SUITE 3500  
MIAMI, FL 33131 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 SHOOP, JOHN  
Address 200 SOUTH INDIAN RIVER DRIVE, STE  
101  
City-State-Zip: FT. PIERCE FL 34950

*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:** JOHN SHOOP

MGR

04/20/2017

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

\_\_\_\_\_ Date