

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000085122

**Entity Name:** NEIGHBORHOOD INSURANCE CONSULTANTS, LLC

**Current Principal Place of Business:**

690 JACARANDA STREET  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

690 JACARANDA STREET  
MERRITT ISLAND, FL 32952 US

**FEI Number: 81-2490857**

**Certificate of Status Desired: No**

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

MOHTASHAM, SAMIRA  
690 JACARANDA STREET  
MERRITT ISLAND, FL 32952 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            VP  
Name            BOSTROM, CHRISTOPHER I  
Address        690 JACARANDA STREET  
City-State-Zip: MERRITT ISLAND FL 32952

Title            PRES  
Name            MOHTASHAM, SAMIRA  
Address        690 JACARANDA STREET  
City-State-Zip: MERRITT ISLAND FL 32952

*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: CHRISTOPHER I BOSTROM**

**VP**

**04/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date