| 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT |
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DOCUMENT# L16000114521

Entity Name: FRANCES ROY AGENCY, LLC

Current Principal Place of Business:

919 HOSPITAL DRIVE NICEVILLE, FL 32578

Current Mailing Address:

919 HOSPITAL DRIVE NICEVILLE, FL 32578 US

FEI Number: 81-2583404

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAK COURT A TAMPA, FL 33612 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 | : UNITED STATES CORPORATION AGENTS | | | 03/19/2021 | |
|-------------------------------|--|-----------------|--------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Authorized Person(s) Detail : | | | | | |
| Title | AMBR | Title | AMBR | | |
| Name | DEDICKE, SHANTELLE | Name | DEDICKE, GREGORY | | |
| Address | 919 HOSPITAL DRIVE | Address | 919 HOSPITAL DRIVE | | |
| City-State-Zip: | NICEVILLE FL 32578 | City-State-Zip: | NICEVILLE FL 32578 | | |

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: SHANTELLE P DEDICKE

PRESIDENT

03/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Mar 19, 2021 Secretary of State 3955052361CC

Certificate of Status Desired: No