

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000185087

Entity Name: J & A INSURANCE SOLUTIONS LLC

Current Principal Place of Business:

304 W HIGHLAND DR
LAKELAND, FL 33803

Current Mailing Address:

6319 OAK SQ E
LAKELAND, FL 33813 UN

FEI Number: 81-4083830

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, JACQUELINE
6319 OAK SQ E
LAKELAND, FL 33813 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 PRES
Name GARCIA, JACQUELINE
Address 6319 OAK SQ E
City-State-Zip: LAKELAND FL 33813

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: JACQUELINE GARCIA

PRESIDENT

01/19/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date