

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000233968

**Entity Name:** YEMMY INSURANCE GROUP, LLC

**Current Principal Place of Business:**

5711 INDEPENDENCE CIR STE 1  
FORT MYERS, FL 33912

**Current Mailing Address:**

1645 PALM BEACH LAKES BLVD  
360  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 81-1190157

**Certificate of Status Desired:** No

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

AKINADE, ADEYEMI A  
5711 INDEPENDENCE CIR STE 1  
FORT MYERS, FL 33912 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 AKINADE, ADEYEMI  
Address 5711 INDEPENDENCE CIR STE 1  
City-State-Zip: FORT MYERS FL 33912

*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:** ADEYEMI AKINADE

**MANAGER/OWNER**

**01/22/2018**

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

\_\_\_\_\_  
Date