

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000084050

**Entity Name:** FORT MYERS BEACH INSURANCE, LLC

**Current Principal Place of Business:**

6051 ESTERO BLVD  
UNIT 4  
FORT MYERS BEACH, FL 33931

**Current Mailing Address:**

PO BOX 1001  
VERNON, CT 06066 US

**FEI Number:** 30-0986694

**Certificate of Status Desired:** No

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

SAWICKI, JOSHUA  
6051 ESTERO BLVD  
UNIT 4  
FORT MYERS BEACH, FL 33931 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 SEK HOLDING CO, LLC  
Address 919 NORTH MARKET ST, SUITE 425  
City-State-Zip: WILMINGTON DE 19801

*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:** CARLA GREEN

**OPERATIONS MANAGER** 01/17/2020

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

\_\_\_\_\_  
Date