

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000124949

**Entity Name:** SENEVIL INSURANCE AGENCY LLC

**Current Principal Place of Business:**

400 NORTH PINE HILLS RD  
SUIT F  
ORLANDO, FL 32811

**Current Mailing Address:**

P O BOX 555431  
ORLANDO, FL 32855

**FEI Number:** 82-1804644

**Certificate of Status Desired:** Yes

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

SENEVIL, FRISNEL F  
4407 S KIRKMAN RD  
C207  
ORLANDO, FL 32811 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 SENEVIL, FRISNEL F  
Address 4407 S KIRKMAN RD, APT. C207  
City-State-Zip: ORLANDO FL 32811

*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:** FRISNEL SENEVIL

**OWNER**

**03/05/2018**

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

\_\_\_\_\_  
Date