

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000130452

**Entity Name:** BELLS INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

101 E. BERCKMAN ST  
FRUITLAND PARK, FL 34731

**Current Mailing Address:**

101 E. BERCKMAN ST  
FRUITLAND PARK, FL 34731 US

**FEI Number:** 82-1916767

**Certificate of Status Desired:** No

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

BELL, CHRISTOPHER  
101 E. BERCKMAN ST  
FRUITLAND PARK, FL 34731 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 BELL, CHRISTOPHER  
Address 101 E. BERCKMAN ST  
City-State-Zip: FRUITLAND PARK FL 34731

*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:** CHRISTOPHER BELL

**MANAGER**

**04/10/2019**

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

\_\_\_\_\_  
Date