

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000135331

Entity Name: WILLIAM R SINGER INSURANCE AGENCY LLC

Current Principal Place of Business:

5854 ATLANTIC BLVD
JACKSONVILLE, FL 32207

Current Mailing Address:

5854 ATLANTIC BLVD
JACKSONVILLE, FL 32207 US

FEI Number: 82-1141012

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINGER, WILLIAM R
5854 ATLANTIC BLVD
JACKSONVILLE, FL 32207 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 SINGER, LYNDIA R
Address 5854 ATLANTIC BLVD
City-State-Zip: JACKSONVILLE FL 32207

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: LYNDIA R SINGER

MGR

03/29/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date