2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2019
Secretary of State
0832337695CC

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Entity Name: MORSE INSURANCE AGENCY AVIATION, LLC

Current Principal Place of Business:

1000 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

Current Mailing Address:

1000 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779

FEI Number: 82-3066801

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORSE, BRUCE
1000 WEKIVA SPRINGS ROAD
LONGWOOD, FL 32779 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	MORSE, BRUCE
Address	1000 WEKIVA SPRINGS ROAD
City-State-Zip:	LONGWOOD FL 32779

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: BRUCE MORSE MGR 01/15/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date