

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000217979

Entity Name: LOWEST INSURANCE AGENCY LLC

Current Principal Place of Business:

583 PONDELLA ROAD
B
NORTH FORT MYERS, FL 33903

Current Mailing Address:

583 PONDELLA ROAD
B
NORTH FORT MYERS, FL 33903 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PASCAL, JONAM
583 PONDELLA ROAD
B
NORTH FORT MYERS, FL 33903 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 MGRM
Name PASCAL, JONAM
Address 583 PONDELLA ROAD UNIT B
City-State-Zip: NORTH FORT MYERS FL 33903

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: JONAM PASCAL

AGENT

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date