

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000258873

**Entity Name:** ONE & ONLY INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

11 N 6TH ST  
HAINES CITY, FL 33844

**Current Mailing Address:**

11 N 6TH ST  
HAINES CITY, FL 33844 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BAUTISTA, CAMILO A  
11 N 6TH ST  
HAINES CITY, FL 33844 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:** CAMILO A BAUTISTA

06/19/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	BAUTISTA, CAMILO A	Name	VARGAS, SERGIO
Address	11 N 6TH ST	Address	11 N 6TH ST
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

*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:** CAMILO A. BAUTISTA

MEMBER

06/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date