

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000225307

**Entity Name:** LIGHTHOUSE INSURANCE SERVICES LLC

**Current Principal Place of Business:**

10480 SW ARROWROOT ST  
INDIANTOWN, FL 34956

**Current Mailing Address:**

PO BOX 490  
INDIANTOWN, FL 34956

**FEI Number: 84-2951306**

**Certificate of Status Desired: No**

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

MCCAIN, LUIS E  
10480 SW ARROWROOT ST  
INDIANTOWN, FL 34956 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 MCCAIN, LUIS E  
Address 10480 SW ARROWROOT ST  
City-State-Zip: INDIANTOWN FL 34956

*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: LUIS MCCAIN**

**MGR**

**01/28/2020**

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

\_\_\_\_\_ Date