

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000004015

Entity Name: CELEDINAS INSURANCE AGENCY, LLC

Current Principal Place of Business:

4283 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4283 NORTHLAKE BOULEVARD
PALM BEACH GARDENS, FL 33410

FEI Number: 65-0925820

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CELEDINAS, KIM R
230 CHILEAN AVE
PALM BEACH, FL 33480 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 CELEDINAS, KIM R
Address 230 CHILEAN AVE
City-State-Zip: PALM BEACH FL 33480

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: KIM R CELEDINAS

MEMBER

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date