

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000166

**Entity Name:** AGENTINSURE, LLC

**Current Principal Place of Business:**

750 STATE HWY 121 BYPASS, SUITE 150  
LEWISVILLE, TX 75067

**Current Mailing Address:**

750 STATE HWY 121 BYPASS, SUITE 150  
LEWISVILLE, TX 75067 US

**FEI Number:** 26-3541658

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            RAO, NAG  
Address        750 STATE HWY 121 BYPASS, SUITE  
                  150  
City-State-Zip: LEWISVILLE TX 75067

Title            VP  
Name            SPILLERS, DAMIEN  
Address        750 STATE HWY 121 BYPASS, SUITE  
                  150  
City-State-Zip: LEWISVILLE TX 75067

Title            VP  
Name            SIMMONS, RILEY  
Address        750 STATE HWY 121 BYPASS, SUITE  
                  150  
City-State-Zip: LEWISVILLE TX 75067

*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:** RAO , NAG

**PRESIDENT**

**02/18/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date