

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000061821

**Entity Name:** LARISA MEADE INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

413 S. DILLARD STREET  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

413 S. DILLARD STREET  
WINTER GARDEN, FL 34787

**FEI Number: 26-0237015**

**Certificate of Status Desired: No**

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

MEADE, LARISA A  
413 S. DILLARD STREET  
WINTER GARDEN, FL 34787 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

**Officer/Director Detail :**

Title PST  
Name MEADE, LARISA A  
Address 413 S. DILLARD STREET  
City-State-Zip: WINTER GARDEN FL 34787

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LARISA MEADE**

**PRESIDENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date