

2017 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

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date