

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000053178

**Entity Name:** ELYN B INSURANCE AGENCY INC.

**Current Principal Place of Business:**

9340 SW 54 ST  
COOPER CITY, FL 33328

**Current Mailing Address:**

PO BOX 291105  
DAVIE, FL 33329 US

**FEI Number:** 45-2645426

**Certificate of Status Desired:** No

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

RODGERS, BRITTANY  
9340 SW 54 ST  
COOPER CITY, FL 33328 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 P  
Name RODGERS, BRITTANY  
Address 9340 SW 54 STREET  
City-State-Zip: COOPER CITY FL 33328

Title VP  
Name HERNANDEZ, LUIS  
Address 9340 SW 54 STREET  
City-State-Zip: COOPER CITY FL 33328

*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:** BRITTANY RODGERS

**PRESIDENT**

**03/04/2016**

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

\_\_\_\_\_  
Date