

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015877

Entity Name: HERNDON & ASSOCIATES INSURANCE, LLC**Current Principal Place of Business:**91 LAKE MORTON DRIVE
LAKELAND, FL 33801**Current Mailing Address:**BOX 3608
LAKELAND, FL 33802 US**FEI Number:** 59-1994337**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PUGH, DUANE FMGRM
91 LAKE MORTON DR
LAKELAND, FL 33801 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 MGR
Name WILDER, MARC HMEMBER
Address 91 LAKE MORTON DR
City-State-Zip: LAKELAND FL 33801

Title MGR
Name BODOLAY, ROBERT JMEMBER
Address 91 LAKE MORTON DR
City-State-Zip: LAKELAND FL 33801

Title MGR
Name BUSH, JOHN RMEMBER
Address 91 LAKE MORTON DR
City-State-Zip: LAKELAND FL 33801

Title MGRM
Name PUGH, DUANE FMEMBER
Address 91 LAKE MORTON DR
City-State-Zip: LAKELAND FL 33801

Title MGR
Name BUSH, CATHERINE EMEMBER
Address 91 LAKE MORTON DR
City-State-Zip: LAKELAND FL 33801

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: MARC HMEMBER WILDER

MGR

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date