

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005161

Entity Name: BIRD INSURANCE AGENCY, LLC

Current Principal Place of Business:

516 S.E. 17TH STREET
OCALA, FL 34471

Current Mailing Address:

516 S.E. 17TH STREET
OCALA, FL 34471

FEI Number: 59-1966919

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HICKS, DANIEL
421 SOUTH PINE AVE.
OCALA, FL 34474-4175 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 BIRD, STEPHEN
Address 516 S.E. 17TH STREET
City-State-Zip: Ocala FL 34471

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: STEPHEN BIRD

MANGER

03/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date