

**2014 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

MANAGER

01/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date