2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2016
Secretary of State
CC5724350730

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Entity Name: MCKEE INSURANCE AGENCY, LLC

Current Principal Place of Business:

1785 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

Current Mailing Address:

1785 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

FEI Number: 20-0798430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
123 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 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	MGRM	Title	MBR
Name	MCKEE, GROVER HJR	Name	MCKEE, PATRICK H
Address	1785 THOMASVILLE ROAD	Address	1785 THOMASVILLE ROAD
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	TALLAHASSEE FL 32303

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: GROVER H MCKEE JR MGRM 01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date