

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013999

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:

HOLLOWAY, AARON R
1656 METROPOLITAN CIRCLE
TALLAHASSEE, FL 32308 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: AARON R. HOLLOWAY

01/10/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MCKEE, PATRICK H
Address 1785 THOMASVILLE ROAD
City-State-Zip: TALLAHASSEE FL 32303

Title MBR
Name MCKEE, GROVER H
Address 1785 THOMASVILLE ROAD
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: PATRICK H MCKEE

MGRM

01/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date