

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040770

Entity Name: THOMAS INSURANCE LLC

Current Principal Place of Business:

1010 W GARDEN STREET
PENSACOLA, FL 32502

Current Mailing Address:

1010 W GARDEN STREET
PENSACOLA, FL 32502

FEI Number: 26-0652739

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, JOHN M
289 PLANTATION HILL RD
GULF BREEZE, FL 32561 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
Name THOMAS, SHANA S
Address 289 PLANTATION HILL RD
City-State-Zip: GULF BREEZE FL 32561

Title MGRM
Name THOMAS, JOHN M
Address 289 PLANTATION HILL RD
City-State-Zip: GULF BREEZE FL 32561

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: JOHN THOMAS

MGRM

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date