

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068385

Entity Name: WAYNE B. GIFFORD INSURANCE, LLC

Current Principal Place of Business:

1948 NW 50 AVE.
OCALA, FL 34482

Current Mailing Address:

1948 NW 50 AVE.
OCALA, FL 34482 US

FEI Number: 65-1286887

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIFFORD, WAYNE B
1948 NW 50 AVE.
OCALA, FL 34482 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 GIFFORD, WAYNE B
Address 1948 NW 50 AVE.
City-State-Zip: OCALA FL 34482

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: WAYNE GIFFORD

MGR

02/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date