2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2018
Secretary of State
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Entity Name: VARCAS INSURANCE AGENCY LLC

Current Principal Place of Business:

1721 W HILLSBOROUGH AVE
SUITE B
TAMPA, FL 33603

Current Mailing Address:

1721 W HILLSBOROUGH AVE
SUITE B
TAMPA, FL 33603 US

FEI Number: 26-2005320

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VARGAS, ALEXANDER
1721 WEST HILLSBOROUGH AVE
SUITE B
TAMPA, FL 33603 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	MGRM
Name	VARGAS, ALEXANDER	Name	VARGAS, MYRIAM
Address	1721-B WEST HILLSBOROUGH AVE	Address	1721-B WEST HILLSBOROUGH AVE
City-State-Zip:	TAMPA FL 33603	City-State-Zip:	TAMPA FL 33603

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: MYRIAM VARGAS MGR 02/12/2018

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