

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000117102

Entity Name: BROWN BROWN & MCKINNEY, LLC**Current Principal Place of Business:**4291 OLD 9 FOOT ROAD
EAGLE LAKE, FL 33839**Current Mailing Address:**P.O. BOX 1440
EAGLE LAKE, FL 33839**FEI Number:** 59-3098629**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKINNEY, FLETCHER LJR.
4291 OLD 9 FOOT ROAD
EAGLE LAKE, FL 33839 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:** FLETCHER MCKINNEY

08/08/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MCKINNEY, FLETCHER LJR.
Address 4291 OLD 9 FOOT ROAD
City-State-Zip: EAGLE LAKE FL 33839

Title MGRM
Name MCKINNEY, NANCY D
Address 4291 OLD 9 FOOT ROAD
City-State-Zip: EAGLE LAKE FL 33839

Title MGRM
Name BROWN, DAVID D
Address 423 ARCHAIC DRIVE
City-State-Zip: WINTER HAVEN FL 33880

Title MGRM
Name BROWN, TRACY K
Address 423 ARCHAIC DRIVE
City-State-Zip: WINTER HAVEN FL 33880

Title MGRM
Name BROWN, PETER L
Address 1574 AUBURN OAKS COURT
City-State-Zip: AUBURNDAL FL 33823

Title MGRM
Name BROWN, KANDRA
Address 1574 AUBURN OAKS COURT
City-State-Zip: AUBURNDAL FL 33823

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: FLETCHER MCKINNEY**AGENT**

08/08/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date