

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010514

**Entity Name:** CHARLES M. HICKS INSURANCE, LLC

**Current Principal Place of Business:**

4625 E. BAY DR.  
SUITE 101  
CLEARWATER, FL 33764

**Current Mailing Address:**

1342 52ND AVE. NE  
ST. PETERSBURG, FL 33703

**FEI Number:** 26-4143571

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HICKS, CHARLES M  
1342 52ND AVE. N.E.  
ST. PETERSBURG, FL 33703 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	MGR	Title	MGR
Name	HICKS, CHARLES M	Name	HICKS, MARLA M
Address	1342 52ND AVE. N.E.	Address	1342 52ND AVE. N.E.
City-State-Zip:	ST. PETERSBURG FL 33703	City-State-Zip:	ST. PETERSBURG FL 33703

*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:** MARLA HICKS

**MANAGER**

**03/20/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date