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: CHARLES HICKS

Electronic Signature of Signing Authorized Person(s) Detail

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

Authorized Person(s) Detail :

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2014 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

Name and Address of Current Registered Agent:

HICKS, CHARLES M 1342 52ND AVE. N.E. ST. PETERSBURG, FL 33703 US Apr 16, 2014 Secretary of State CC3495887962

FILED

Certificate of Status Desired: No

04/16/2014

AGENCY PRINCIPAL

Date

Date