

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000070768

**Entity Name:** DISCOVERY INSURANCE AGENCY LLC

**Current Principal Place of Business:**

1420 CELEBRATION BOULEVARD  
SUITE 304  
CELEBRATION, FL 34747

**Current Mailing Address:**

1420 CELEBRATION BOULEVARD  
SUITE 304  
CELEBRATION, FL 34747 US

**FEI Number:** 27-0659242

**Certificate of Status Desired:** No

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

MURCHISON, DAVID WIII  
1420 CELEBRATION BOULEVARD  
SUITE 304  
CELEBRATION, FL 34747 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 MURCHISON, DAVID WIII  
Address 1325 N. LAKE HOWARD DRIVE  
City-State-Zip: WINTER HAVEN FL 33881

Title MGRM  
Name GOMEZ, HECTOR  
Address 235 CLOVERDALE ROAD  
City-State-Zip: WINTER HAVEN FL 33884

*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:** HECTOR GOMEZ

**OWNER**

**01/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date