

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000100247

Entity Name: 8 FLAGS INSURANCE AGENCY, LLC

Current Principal Place of Business:

309 1/2 CENTRE ST
204
FERNANDINA BEACH, FL 32034

Current Mailing Address:

309 1/2 CENTRE ST
204
FERNANDINA BEACH, FL 32034

FEI Number: 27-1169010

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, JAMES S
309 1/2 CENTRE ST
SUITE 204
FERNANDINA BEACH, FL 32034 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 MOORE, JAMES S
Address 309 1/2 CENTRE STREET, SUITE 204
City-State-Zip: FERNANDINA BEACH FL 32034

Title AUTHORIZED MEMBER
Name HALL, LEAH D
Address 86766 WORTHINGTON DR
City-State-Zip: YULEE FL 32097

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: JAMES S MOORE

MANAGING MEMBER

02/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date