

**2019 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

MMBR

02/06/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date