

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108104

Entity Name: LANE-LENNON COMMERCIAL INSURANCE, LLC

Current Principal Place of Business:

838 EAST NEW YORK AVENUE
SUITE C
DELAND, FL 32724

Current Mailing Address:

P.O. BOX 11
DELAND, FL 32721 US

FEI Number: 27-1305234

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LENNON, DONNA M
838 E NEW YORK AVENUE, SUITE C
DELAND, FL 32724 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
Name LENNON INSURANCE SERVICES, INC
Address 838 EAST NEW YORK AVENUE SUITE
C
City-State-Zip: DELAND FL 32724

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: DONNA LENNON

PRESIDENT

01/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date