

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050040

**Entity Name:** DONNA CARRARA INSURANCE AGENCY, LLC**Current Principal Place of Business:**8390 STATE ROAD 84  
DAVIE, FL 33324**Current Mailing Address:**8390 STATE ROAD 84  
DAVIE, FL 33324**FEI Number:** 27-2542186**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARRARA, DONNA  
9911 NW 2 STREET  
PLANTATION, FL 33324 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	CARRARA, DONNA
Address	8390 STATE ROAD 84
City-State-Zip:	DAVIE FL 33324

Title	MGR
Name	CARRARA, CHRISTINA
Address	8390 STATE ROAD 84
City-State-Zip:	DAVIE FL 33324

Title	P
Name	CARRARA, DONNA
Address	8390 STATE ROAD 84
City-State-Zip:	DAVIE FL 33324

Title	VP
Name	CARRARA, JOSEPH
Address	8390 STATE ROAD 84
City-State-Zip:	DAVIE FL 33324

*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 CARRARA**OWNER/AGENT****03/29/2016**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date