

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000050040

**FILED
Mar 26, 2018
Secretary of State
CC1111817041**

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 US

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

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

03/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date