

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127724

**Entity Name:** DAVID WILLBUR INSURANCE LLC

**Current Principal Place of Business:**

3703 TANAGER PLACE  
FORT PIERCE, FL 34982

**Current Mailing Address:**

3703 TANAGER PLACE  
FORT PIERCE, FL 34982

**FEI Number:** 27-4386368

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLBUR, DAVID G  
3703 TANAGER PLACE  
FT PIERCE, FL 34982 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 WILLBUR, DAVID G  
Address 3703 TANAGER PLACE  
City-State-Zip: FORT PIERCE FL 34982

*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:** DAVID WILLBUR

MGRM

01/10/2017

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

\_\_\_\_\_  
Date