

2016 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

03/02/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date