

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000085673

Entity Name: 1ST OPTION INSURANCE LLC

Current Principal Place of Business:

8544 CATSBY COURT
JACKSONVILLE, FL 32244

Current Mailing Address:

8544 CATSBY COURT
JACKSONVILLE, FL 32244 US

FEI Number: 45-3445043

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JULIANO, TODD
8544 CATSBY COURT
JACKSONVILLE, FL 32244 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 JULIANO, TODD
Address 8544 CATSBY COURT
City-State-Zip: JACKSONVILLE FL 32244

Title MGRM
Name MASON, RICHARD
Address 3741 BERENSTAIN DR
City-State-Zip: ST. AUGUSTINE FL 32092

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: RICHARD MASON

MANAGING MEMBER

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date