

**2015 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:** TODD JULIANO

**MANAGING MEMBER**

**01/19/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date