

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000095138

Entity Name: THOMAS INSURANCE AGENCY, LLC

Current Principal Place of Business:

213 NORTH 4TH STREET
PALATKA, FL 32177

Current Mailing Address:

213 NORTH 4TH STREET
PALATKA, FL 32177

FEI Number: 45-3031322

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMAS, TRAVIS S
213 NORTH 4TH STREET
PALATKA, FL 32177 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 THOMAS, TRAVIS S
Address 213 NORTH 4TH STREET
City-State-Zip: PALATKA FL 32177

Title MGRM
Name THOMAS, LYNSEY V
Address 213 NORTH 4TH STREET
City-State-Zip: PALATKA FL 32177

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: TRAVIS S THOMAS

PRESIDENT

05/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date