2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2015
Secretary of State
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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	Title	MGRM
Name	THOMAS, TRAVIS S	Name	THOMAS, LYNSEY V
Address	213 NORTH 4TH STREET	Address	213 NORTH 4TH STREET
City-State-Zip:	PALATKA FL 32177	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 MGMBR 04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date