

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000125532

Entity Name: ANGELA KING INSURANCE AGENCY LLC

Current Principal Place of Business:

2851 CR 210 W
SUITE 112
SAINT JOHNS, FL 32259

Current Mailing Address:

2851 CR 210 W
SUITE 112
SAINT JOHNS, FL 32259 US

FEI Number: 45-3772924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KING, ANGELA C
2851 CR 210 W SUITE 112
SAINT JOHNS, FL 32259 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 MGR
Name KING, ANGELA C
Address 2851 CR 210 W SUITE 112
City-State-Zip: SAINT JOHNS FL 32259

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: ANGELA KING

AGENT OWNER

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date