

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000037659

Entity Name: MY FLORIDA INSURANCE TEAM LLC

Current Principal Place of Business:

389 PALM COAST PKWY SW
SUITE 4
PALM COAST, FL 32137

Current Mailing Address:

389 PALM COAST PKWY SW
SUITE 4
PALM COAST, FL 32137 US

FEI Number: 45-5106123

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FEY, ROBERT J
389 PALM COAST PKWY SW
SUITE 4
PALM COAST, FL 32137 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 FEY, ROBERT J
Address 389 PALM COAST PKWY SW
SUITE 4
City-State-Zip: PALM COAST FL 32137

Title MGRM
Name FEY, TABITHA T
Address 389 PALM COAST PKWY SW
SUITE 4
City-State-Zip: PALM COAST FL 32137

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: ROBERT J FEY

OWNER

06/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date