

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000074479

Entity Name: THE INSURANCE HUB, LLC

Current Principal Place of Business:

4115 BEE RIDGE RD
SARASOTA, FL 34232

Current Mailing Address:

PO BOX 5069
SARASOTA, FL 34277 US

FEI Number: 45-5165614

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHACON, CESAR
4029 MAVERICK AVE
SARASOTA, FL 34233 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 OWNER
Name CHACON, CESAR
Address 4115 BEE RIDGE RD
City-State-Zip: SARASOTA FL 34232

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: CESAR CHACON

OWNER

04/07/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date