

**2015 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:** No

**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

04/24/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date