

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000133842

**Entity Name:** ALAN W. RACHESKY INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

4626 S. CLYDE MORRIS BLVD.  
SUITE #3  
PORT ORANGE, FL 32129

**Current Mailing Address:**

4626 S. CLYDE MORRIS BLVD.  
SUITE #3  
PORT ORANGE, FL 32129 US

**FEI Number:** 46-1242490

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RACHESKY, ALAN W  
4626 S. CLYDE MORRIS BLVD  
SUITE #3  
PORT ORANGE, FL 32129 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:** ALAN W. RACHESKY

03/19/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RACHESKY, ALAN W  
Address 4626 S. CLYDE MORRIS BLVD.  
SUITE #3  
City-State-Zip: PORT ORANGE FL 32129

*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:** ALAN W. RACHESKY

OWNER

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date