

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000153494

Entity Name: HOLLOWAY INSURANCE SERVICES LLC

Current Principal Place of Business:

712 DESHUTES DRIVE
ALFORD, FL 32420

Current Mailing Address:

712 DESHUTES DRIVE
ALFORD, FL 32420

FEI Number: 46-1578995

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLOWAY, LLOYD
712 DESHUTES DRIVE
ALFORD, FL 32420 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 MGRM
Name HOLLOWAY, LLOYD
Address 712 DESHUTES DRIVE
City-State-Zip: ALFORD FL 32420

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: LLOYD M HOLLOWAY

PRESIDENT

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date