## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000027039

Entity Name: NORRIS BAY AREA INSURANCE LLC

**Current Principal Place of Business:** 

30777 US 19 NORTH PALM HARBOR, FL 34684

**Current Mailing Address:** 

30777 US 19 NORTH PALM HARBOR, FL 34684

FEI Number: 46-2110061 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BALLOU, JAMES C 30777 US 19 NORTH PALM HARBOR, FL 34684 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

FILED Mar 05, 2018

**Secretary of State** 

CC0421452438

Authorized Person(s) Detail:

Title MGRM Title MGRM

NameNORRIS, DOUGLAS ENameBALLOU, JAMES CAddress3330 LAKE SHORE LANEAddress10306 PEOPLES LOOPCity-State-Zip:CLEARWATER FL 33761City-State-Zip:PORT RICHEY FL 34668

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: JAMES BALLOU MMBi

Electronic Signature of Signing Authorized Person(s) Detail

MMBR 03/05/2018

Date