

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000031982

**Entity Name:** J&J INSURANCE CONSULTANTS LLC

**Current Principal Place of Business:**

4415 METRO PKWY  
SUITE 214  
FORT MYERS, FL 33916

**Current Mailing Address:**

4415 METRO PKWY  
SUITE 214  
FORT MYERS, FL 33916

**FEI Number:** 46-2162905

**Certificate of Status Desired:** No

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

BOYD, JOHN S  
4415 METRO PKWY  
SUITE 214  
FORT MYERS, FL 33916 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:** JOHN S. BOYD

04/25/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BOYD, JOHN S  
Address 4415 METRO PKWY  
SUITE 214  
City-State-Zip: FORT MYERS FL 33916

Title MGR  
Name BOYD, JOHN S  
Address 4415 METRO PKWY STE 214  
City-State-Zip: FORT MYERS FL 33916

*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:** JOHN S. BOYD

**MANAGING MEMBER**

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date