

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000043223

**Entity Name:** BUDZYNSKI INSURANCE SPECIALISTS, LLC

**Current Principal Place of Business:**

9036 LAUREL LEDGE DR.  
RIVERVIEW, FL 33569

**Current Mailing Address:**

9036 LAUREL LEDGE DR.  
RIVERVIEW, FL 33569

**FEI Number: 46-4481474**

**Certificate of Status Desired:** No

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

BUDZYNSKI, MELINDA L  
9306 LAUREL LEDGE DR.  
RIVERVIEW, FL 33569 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 MGR  
Name BUDZYNSKI, MELINDA L  
Address 9306 LAUREL LEDGE DR.  
City-State-Zip: RIVERVIEW FL 33569

*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: MELINDA BUDZYNSKI**

**MEMBER**

**01/13/2015**

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

\_\_\_\_\_  
Date