

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000077604

Entity Name: ANGLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

12627 SAN JOSE BLVD
STE 901 - G
JACKSONVILLE, FL 32223

Current Mailing Address:

450 STATE RD 13 N
STE 106-452
ST JOHNS, FL 32259 US

FEI Number: 27-2037154

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CAMPBELL, SHERRI R
450 STATE RD 13 N
STE 106-452
ST JOHNS, FL 32259 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: SHERRI R CAMPBELL

02/09/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CAMPBELL, SHERRI R
Address 450 STATE RD 13 N
SUITE 106-452
City-State-Zip: ST JOHNS FL 32259

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: SHERRI CAMPBELL

MGR

02/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date