

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000117838

**Entity Name:** ROBERT O'NEIL INSURANCE PLLC

**Current Principal Place of Business:**

40 WEST NINE MILE ROAD - STE-E  
PENSACOLA, FL 32534

**Current Mailing Address:**

40 WEST NINE MILE ROAD - STE-E  
PENSACOLA, FL 32534 US

**FEI Number:** 46-3921943

**Certificate of Status Desired:** No

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

O'NEIL, DEBBIE S  
3102 DEEP WATER COVE  
MILTON, FL 32583 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 O'NEIL, ROBERT W  
Address 40 WEST NINE MILE ROAD - STE-E  
City-State-Zip: PENSACOLA FL 32534

*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:** ROBERT O'NEIL

OWNER

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date