

2020 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

01/17/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date