### 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. OWNER/CFO

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: DOTTIE S. LIUFAU

36008 EMERALD COAST PKWY.

SUITE 601B

DESTIN FL 32541

Title OWNER/AGENCY PRINCIPAL MCCALL, JAMES R Name 3857 INDIAN TRAIL Address **UNIT 117** City-State-Zip: DESTIN FL 32541

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:

### Name and Address of Current Registered Agent:

MCGILL, ROBERT E III 36008 EMERALD COAST PKWY. SUITE 301 DESTIN, FL 32541 US

Title

Name

Address

City-State-Zip:

DOCUMENT# L13000137206

Entity Name: LIUFAU MCCALL INSURANCE GROUP, LLC

## **Current Principal Place of Business:**

36008 EMERALD COAST PKWY. SUITE 601B DESTIN, FL 32541

## **Current Mailing Address:**

36008 EMERALD COAST PKWY. SUITE 601B DESTIN, FL 32541 US

### FEI Number: 46-3844159

# 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

01/09/2017

Date

Date

FILED Jan 09, 2017 Secretary of State CC3930759570

Certificate of Status Desired: No

Electronic Signature of Registered Agent Authorized Person(s) Detail : OWNER/CFO LIUFAU, DOTTIE S