

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000111729

Entity Name: AGENTS E&O DEDUCTIBLE FUND, LLC**Current Principal Place of Business:**1021 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714**Current Mailing Address:**PO BOX 160398
ALTAMONTE SPRINGS, FL 32716 US**FEI Number:** 47-1338178**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWMAN, JAMES B
1021 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714 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	NEWMAN, JAMES B
Address	PO BOX 160398
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	MGR
Name	KNIGHT, ROGER
Address	PO BOX 160398
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	MGR
Name	REINOEHL, MARCELLA
Address	PO BOX 160398
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	MGR
Name	FERNANDEZ, CASEY
Address	PO BOX 160398
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	MGR
Name	KRISHAK, LINDA
Address	PO BOX 160398
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

Title	MGR
Name	HISLOP, JOHN
Address	PO BOX 160398
City-State-Zip:	ALTAMONTE SPRINGS FL 32716

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: JAMES B NEWMAN

MGR

03/15/2016

Electronic Signature of Signing Authorized Person(s) Detail_____
Date