

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000122434

Entity Name: TCPB INSURANCE SERVICES, LLC

Current Principal Place of Business:

11037 NUTMEG DRIVE
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

11037 NUTMEG DRIVE
PALM BEACH GARDENS, FL 33418 US

FEI Number: 47-1538486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOMZALSKI, STEPHEN
11037 NUTMEG DRIVE
PALM BEACH GARDENS, FL 33418 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	Title	MGR
Name	WOLF, TONI M	Name	DOMZALSKI, STEPHEN
Address	11037 NUTMEG DRIVE	Address	11037 NUTMEG DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418

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: STEPHEN DOMZALSKI

PRESIDENT

04/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date