

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000127234

**Entity Name:** NICHOLAS MAZZOLA INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

21715 HELMSDALE RUN  
ESTERO, FL 33928

**Current Mailing Address:**

21715 HELMSDALE RUN  
ESTERO, FL 33928 US

**FEI Number:** 47-1586471

**Certificate of Status Desired:** No

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

MAZZOLA, NICHOLAS A  
21715 HELMSDALE RUN  
ESTERO, FL 33928 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	MAZZOLA, NICHOLAS A	Name	MAZZOLA, NICHOLAS
Address	21715 HELMSDALE RUN	Address	21715 HELMSDALE RUN
City-State-Zip:	ESTERO FL 33928	City-State-Zip:	ESTERO FL 33928

*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:** NICHOLAS MAZZOLA

**MGR**

**02/12/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date