

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000127234

Entity Name: NICHOLAS MAZZOLA INSURANCE AGENCY, LLC

Current Principal Place of Business:

27785 LIME ST
BONITA SPRINGS, FL 34135

Current Mailing Address:

27785 LIME ST
BONITA SPRINGS, FL 34135 US

FEI Number: 47-1586471

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAZZOLA, NICHOLAS A
27785 LIME ST
BONITA SPRINGS, FL 34135 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 MAZZOLA, NICHOLAS A
Address 27785 LIME ST
City-State-Zip: BONITA SPRINGS FL 34135

Title MGR
Name MAZZOLA, JENNIFER
Address 27785 LIME ST
City-State-Zip: BONITA SPRINGS FL 34135

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

01/09/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date