#### 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000133671

Entity Name: H&M INSURANCE AND TAX AGENCY, LLC

Apr 07, 2015 **Secretary of State** CC5313618809

**FILED** 

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

10173 S. FEDERAL HIGHWAY PORT SAINT LUCIE. FL 34952

## **Current Mailing Address:**

10173 S. FEDERAL HIGHWAY PORT SAINT LUCIE. FL 34952

FEI Number: 47-1686932 Certificate of Status Desired: No

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

MANES, CHARLES GM 10173 S. FEDERAL HIGHWAY PORT SAINT LUCIE, FL 34952 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: MANES CHARLES 04/07/2015

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

Title MGR Title MANAGER

MANES, CHARLES Name JANVIER, MARIA REINALDA Name 10173 S. FEDERAL HIGHWAY Address 10173 S. FEDERAL HIGHWAY Address City-State-Zip: PORT SAINT LUCIE FL 34952 City-State-Zip: PORT SAINT LUCIE FL 34952

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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail