

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000142375

Entity Name: PENINSULA INSURANCE AGENCY LLC

Current Principal Place of Business:

2561 MOODY BLVD
FLAGLER BEACH, FL 32136

Current Mailing Address:

2561 MOODY BLVD
FLAGLER BEACH, FL 32136 US

FEI Number: 47-1832426

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LUPOLI, LAWRENCE
2561 MOODY BLVD
FLAGLER BEACH, FL 32136 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 LUPOLI, LAWRENCE
Address 53 CAPISTRANO DRIVE
City-State-Zip: ORMOND BEACH FL 32176

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: LAWRENCE LUPOLI

MGR

04/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date