

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000149949

Entity Name: BEACON INSURANCE AGENCY, LLC

Current Principal Place of Business:

7401 WILES ROAD
223
CORAL SPRINGS, FL 33067

Current Mailing Address:

7401 WILES ROAD
223
CORAL SPRINGS, FL 33067

FEI Number: 47-1929608

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAINES, KIESHA
9775 NW 48TH DR
CORAL SPRINGS, FL 33076 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 | AMBR |
| Name | CAINES, KIESHA | Name | CAINES, RAYANTHONY |
| Address | 9775 NW 48TH DR | Address | 9775 NW 48TH DR |
| City-State-Zip: | CORAL SPRINGS FL 33076 | City-State-Zip: | CORAL SPRINGS FL 33076 |

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: KIESHA CAINES

MGR

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date