

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000149949

**Entity Name:** BEACON INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

9775 NW 48TH DRIVE  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

9775 NW 48TH DRIVE  
CORAL SPRINGS, FL 33076 US

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

Title AMBR  
Name CAINES, RAYANTHONY  
Address 9775 NW 48TH DR  
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

**MANAGER**

**04/27/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date