

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000162137

Entity Name: HANNON INSURANCE AGENCY, LLC

Current Principal Place of Business:

221 REID AVE
PORT ST JOE, FL 32456

Current Mailing Address:

PO BOX 790
PORT ST JOE, FL 32457

FEI Number: 59-2123964

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, DAVID A
221 REID AVE
PORT ST JOE, FL 32456 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: DAVID A SMITH

01/12/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name SMITH, DAVID A
Address PO BOX 790
City-State-Zip: PORT ST JOE FL 32457

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: DAVID A SMITH

REGISTERED AGENT

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date