2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2015
Secretary of State
CC3460325283

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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, JASPER L
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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	SMITH, JASPER L
Address	221 REID AVE
City-State-Zip:	PORT ST JOE FL 32456

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: JASPER L SMITH MANAGER 01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date