

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000192234

Entity Name: UEBER INSURANCE CO, LLC

Current Principal Place of Business:

7215 ENGLE ROAD
FT. WAYNE, IN 46804

Current Mailing Address:

7215 ENGLE ROAD
FT. WAYNE, IN 46804

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NMS CERTIFIED PUBLIC ACCOUNTANTS INC.
35 DAVIS BLVD.
TAMPA, FL 33606 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 UEBER, ROBERT J
Address 7215 ENGLE ROAD
City-State-Zip: FT. WAYNE IN 46804

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: ROBERT UEBER

MGR

01/28/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date