

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000195177

Entity Name: DEXINOLE INSURANCE, LLC

Current Principal Place of Business:

227 S. HIGHLAND AVE.
SUITE B
APOPKA, FL 32703

Current Mailing Address:

PO BOX 300
APOPKA, FL 32704 US

FEI Number: 47-2625093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHASE, DAVID M
227 S. HIGHLAND AVE.
SUITE B
APOPKA, FL 32703 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 CHASE, DAVID M
Address 227 S. HIGHLAND AVE.
SUITE B
City-State-Zip: APOPKA FL 32703

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 CHASE

MGR

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date