

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000006398

**Entity Name:** USA EXPRESS INSURANCE LLC

**Current Principal Place of Business:**

1935 OAKLEY AVE.  
FT MYERS, FL 33901

**Current Mailing Address:**

1935 OAKLEY AVE.  
FT MYERS, FL 33901 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PURPLE, SHARON  
1935 OAKLEY AVE  
FT MYERS, FL 33971 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            OWNER  
Name            PURPLE, SHARON  
Address        1935 OAKLEY AVE.  
City-State-Zip: FT MYERS FL 33901

*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:** SHARON PURPLE

OWNER

03/01/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date