

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000126838

**Entity Name:** LEFKO INSURANCE CONSULTANTS, LLC

**Current Principal Place of Business:**

1000 NW 65TH STREET  
SUITE 100  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

1000 NW 65TH STREET  
SUITE 100  
FT. LAUDERDALE, FL 33309 US

**FEI Number:** 81-3197695

**Certificate of Status Desired:** No

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

LEFKO, ZANE D  
1000 NW 65TH STREET  
SUITE 100  
FT. LAUDERDALE, FL 33309 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 LEFKO, ZANE D  
Address 1000 NW 65TH STREET SUITE 100  
City-State-Zip: FT. LAUDERDALE FL 33309

*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:** ZANE LEFKO

**PRESIDENT**

**01/12/2017**

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

\_\_\_\_\_  
Date