

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000219738

Entity Name: MS INSURANCE AGENCY LLC

Current Principal Place of Business:

1805 NW 69 AVE
MARGATE, FL 33063

Current Mailing Address:

1805 NW 69 AVE
MARGATE, FL 33063 US

FEI Number: 81-4611190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMALLEY, MADELINE
1805 NW 69TH AVE
MARGATE, FL 33063 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 PRES
Name SMALLEY, MADELINE
Address 1805 NW 69TH AVE
City-State-Zip: MARGATE FL 33063

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: MADELINE SMALLEY

MEMBER

03/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date