

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000222255

**Entity Name:** CICHRA INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

2021 GLENFIELD CROSSING CT  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

2021 GLENFIELD CROSSING CT  
ST AUGUSTINE, FL 32092 US

**FEI Number:** 81-5280790

**Certificate of Status Desired:** No

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

CICHRA, MICHELLE  
2021 GLENFIELD CROSSING CT  
ST AUGUSTINE, FL 32092 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:** MICHELLE CICHRA

01/23/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CICHRA, MICHELLE  
Address 2021 GLENFIELD CROSSING CT  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** MICHELLE CICHRA

OWNER-MGR

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date