

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000002157

Entity Name: SPARKS INSURANCE AGENCY LLC

Current Principal Place of Business:

3620 LEOTA DR
FOREST CITY, FL 32703

Current Mailing Address:

3620 LEOTA DR
FOREST CITY, FL 32703 61

FEI Number: 81-4869388

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPARKS, WILLIAM J
3620 LEOTA DR
FOREST CITY, 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 SPARKS, WILLIAM J
Address 3620 LEOTA DR
City-State-Zip: FOREST CITY 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: WILLIAM SPARKS

MGR

04/16/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date