

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000101246

Entity Name: B AND P HOWARD INSURANCE, LLC

Current Principal Place of Business:

565 MAGNOLIA LAKE DRIVE
DEFUNIAK SPRINGS, FL 32433

Current Mailing Address:

565 MAGNOLIA LAKE DRIVE
DEFUNIAK SPRINGS, FL 32433

FEI Number: 82-1482964

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOWARD, BRIAN P
565 MAGNOLIA LAKE DRIVE
DEFUNIAK SPRINGS, FL 32433 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 MGRM
Name HOWARD, BRIAN P
Address 565 MAGNOLIA LAKE DRIVE
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title MGRM
Name HOWARD, PAMELA E
Address 565 MAGNOLIA LAKE DRIVE
City-State-Zip: DEFUNIAK SPRINGS FL 32433

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: BRIAN P HOWARD

OWNER

01/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date