

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000124949

Entity Name: SENEVIL INSURANCE AGENCY LLC

Current Principal Place of Business:

400 NORTH PINE HILLS RD
SUIT F
ORLANDO, FL 32811

Current Mailing Address:

P O BOX 555431
ORLANDO, FL 32855

FEI Number: 82-1804644

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SENEVIL, FRISNEL F
4407 S KIRKMAN RD
C207
ORLANDO, FL 32811 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 SENEVIL, FRISNEL F
Address 4407 S KIRKMAN RD, APT. C207
City-State-Zip: ORLANDO FL 32811

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: FRISNEL SENEVIL

OWNER

03/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date