

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000207295

**Entity Name:** FLAGLER INSURANCE B-102, LLC

**Current Principal Place of Business:**

422 NE 2ND PLACE  
SUITE 200  
CAPE CORAL, FL 33909

**Current Mailing Address:**

422 NE 2ND PLACE  
SUITE 200  
CAPE CORAL, FL 33909 US

**FEI Number:** 82-3075861

**Certificate of Status Desired:** No

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

FLAGLER INSURANCE AGENCY, INC  
422 NE 2ND PLACE  
SUITE 200  
CAPE CORAL, FL 33909 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 SCALZO, RONALD V JR  
Address 422 NE 2ND PLACE  
SUITE 200  
City-State-Zip: CAPE CORAL FL 33909

Title MGMR  
Name FLAGLER INSURANCE AGENCY, LLC  
Address 422 NE 2ND PLACE  
SUITE 200  
City-State-Zip: CAPE CORAL FL 33909

*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:** RONALD V SCALZO JR

MGRM

03/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date