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: FELICIANO, LUIS

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

02/16/2020

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000143735

Entity Name: LUIS FELICIANO INSURANCE AGENCY, LLC

Current Principal Place of Business:

830 NORTH JOHN YOUNG PARKWAY STE 834B KISSIMMEE, FL 34741

Current Mailing Address:

830 NORTH JOHN YOUNG PARKWAY **STE 834B** KISSIMMEE, FL 34741

FEI Number: 56-2632150

Name and Address of Current Registered Agent:

FELICIANO, LUIS 830 NORTH JOHN YOUNG PARKWAY STE 834B KISSIMMEE, FL 34741 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 Title MGR FELICIANO, LUIS Name Name COX, DAYANA 830 NORTH JOHN YOUNG PARKWAY, 830 NORTH JOHN YOUNG PARKWAY, Address Address **STE 834B STE 834B** City-State-Zip: KISSIMMEE FL 34741 City-State-Zip: KISSIMMEE FL 34741

FILED Feb 16, 2020 Secretary of State 3572170093CC

Certificate of Status Desired: Yes