2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 25, 2020
Secretary of State
5207383924CC

DOCUMENT# L19000283748

Entity Name: MEINKE INSURANCE GROUP LLC

Current Principal Place of Business:

7646 WHISPERING WIND DR
LAND O LAKES, FL 34637

Current Mailing Address:

7646 WHISPERING WIND DR
LAND O LAKES, FL 34637 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
5575 S. SEMORAN BLVD.
SUITE 36
ORLANDO, FL 32822 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, AMBR	Title	MGR, AMBR
Name	MEINKE, DAVID	Name	MEINKE, NICOLE
Address	7646 WHISPERING WIND DR	Address	7646 WHISPERING WIND DR
City-State-Zip:	LAND O LAKES FL 34637	City-State-Zip:	LAND O LAKES FL 34637

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: DAVID MEINKE MGR 08/25/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date