

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000001720

**Entity Name:** CHAMBER INSURANCE AGENCY SERVICES, LLC

**Current Principal Place of Business:**

200 COLONIAL CENTER PARKWAY, SUITE 150  
LAKE MARY, FL 32746

**Current Mailing Address:**

200 COLONIAL CENTER PARKWAY, SUITE150  
LAKE MARY, FL 32746 US

**FEI Number: 22-3746022**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name HERBERT L. JAMISON & CO, LLC  
Address 200 COLONIAL CENTER PARKWAY,  
SUITE 150  
City-State-Zip: LAKE MARY FL 32746

Title MANAGER  
Name HENDERSON, JIM W  
Address 200 COLONIAL CENTER PARKWAY,  
SUITE 150  
City-State-Zip: LAKE MARY FL 32746

Title MANAGER  
Name RILEY, THOMAS E  
Address 200 COLONIAL CENTER PARKWAY,  
SUITE 150  
City-State-Zip: LAKE MARY FL 32746

Title MANAGER  
Name VREDENBURG, PAUL  
Address 200 COLONIAL CENTER PARKWAY,  
SUITE 150  
City-State-Zip: LAKE MARY FL 32746

*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: THOMAS E RILEY**

**MANAGER**

**04/19/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date