

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000000782

Entity Name: EQUITY ONE INSURANCE AGENCY, L.L.C.

FILED
Apr 28, 2014
Secretary of State
CC9512246419

Current Principal Place of Business:

4409 MERAMEC BOTTOM ROAD
SUITE I
ST. LOUIS, MO 63129

Current Mailing Address:

4409 MERAMEC BOTTOM ROAD
SUITE I
ST. LOUIS, MO 63129

FEI Number: 59-3802296

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 WILSON, JEFFREY L
Address 40 AGRAVAINE CT.
City-State-Zip: ST. CHARLES MO 63304

Title MEMBER
Name SPEARS, RAYMOND M.
Address 1504 LACE BARK CT.
City-State-Zip: CHESTERFIELD MO 63005

Title MEMBER
Name WAMBOLDT, KIMBERLY B.
Address 7 GRANDVIEW TRAILS
City-State-Zip: EUREKA MO 63025

Title MEMBER
Name KILO, MARK A.
Address 2931 MARCHBANKS PL
City-State-Zip: ST. LOUIS MO 63129

Title MEMBER
Name KLINE, SCOTT A.
Address 341 SURREY TRAIL DRIVE
City-State-Zip: ST. PETERS MO 63376

Title MEMBER
Name KLINE, STEPHEN A.
Address 5 MOSSY CREEK CT.
City-State-Zip: ST. PETERS MO 63376

Title MEMBER
Name SOUTHWORTH, JAMES W.
Address 639 TIMBERLINE DRIVE
City-State-Zip: WATERLOO IL 62298

Title MEMBER
Name S LEE KLING NON-GST EXEMPT
MARITAL TRUST
Address 9990 OLD OLIVE STREE RD
STE 107
City-State-Zip: ST. LOUIS MO 63141

Continues on page 2

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: JEFFREY L. WILSON

MEMBER

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MEMBER
Name MILLSTONE, ROBERT D.
Address P.O. BOX 16070
City-State-Zip: ST. LOUIS MO 63105

Title MEMBER
Name KAMINSKEY, BRUCE E.
Address 2634 NORTH WAYNE
City-State-Zip: CHICAGO IL 60614

Title MEMBER
Name MOOG, JR., ALVA
Address 8025 MARYLAND, APT 12E
City-State-Zip: CLAYTON MO 63105

Title MEMBER
Name SCHNEIDERMAN, JEFFREY P.
Address 11457 OLDE CABIN RD, STE 330
City-State-Zip: ST. LOUIS MO 63141