

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000005916

Entity Name: LABARRE/OKSNEE INSURANCE AGENCY, LLC

Current Principal Place of Business:

30 ENTERPRISE STE 180
ALISO VIEJO, CA 92656

Current Mailing Address:

30 ENTERPRISE STE 180
ALISO VIEJO, CA 92656 US

FEI Number: 33-0734333

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HATCH, JOHN D
1267 BERKSHIRE LN STE 200
TARPON SPRINGS, FL 34688 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 MBR
Name 92656 ASSOCIATES, INC.
Address 30 ENTERPRISE STE 180
City-State-Zip: ALISO VIEJO CA 92656

Title PCEO
Name OKSNEE, SCOTT
Address 30 ENTERPRISE STE 180
City-State-Zip: ALISO VIEJO CA 92656

Title AP
Name 1251 DISTRIBUTION INSURANCE
PLAT
Address 83 NEWBURY ST 3 FL
City-State-Zip: BOSTON MA 02116

Title S
Name LABARRE, STEVEN CURTIS
Address 30 ENTERPRISE STE 180
City-State-Zip: ALISO VIEJO CA 92656

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: SCOTT OKSNEE

PCEO

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date