No. W 97051		Due no later than Oct 31, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:	Ar	Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Add AEVO INSURANCE 101 EDGEWATER SUITE 260 WAKEFIELD MA	DRIVE	BOISE ID 837	921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA	USA					
4. Limited Liability Companies: Ente	r Names and Addresses o	f at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CHARLE	S H LYDECKER	220 S. RIDGEWOOD AVENUE	Daytona Beach	l FL	USA	32114	
5. Organized Under the Laws of:	6. Annual Report m	5. Annual Report must be signed.*					
FL FL	Signature: Miche	Signature: Michelle Donato		Date: 09/08/2015			
W 97051	Name (type or pr	Name (type or print): Michelle Donato		Title: POA			
Processed 09/08/2015	* Electronically provi	* Electronically provided signatures are accepted as original signatures.					