

No. <b>W 138076</b>	<b>Due no later than May 31, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> EAGLE AMERICAN INSURANCE AGENCY, LLC 1855 W STATE ROAD 434 LONGWOOD FL 32750		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JOHN K RITENOUR	1855 WEST STATE ROAD 434	LONGWOOD	FL	USA	32750
MANAGER	HEATH RITENOUR	1855 W STATE ROAD 434	LONGWOOD	FL	USA	32750
5. Organized Under the Laws of:  <b>FL</b> <b>W 138076</b>	6. Annual Report must be signed.* Signature: HEATH RITENOUR Name (type or print): HEATH RITENOUR		Date: 05/14/2018 Title: MANAGER			
Processed 05/14/2018		* Electronically provided signatures are accepted as original signatures.				