No. <b>W 138076</b>		Due no later than May 31, 2015 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:				the second of th	INCORP SERVICES, INC.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  EAGLE AMERICAN INSURANCE AGENCY, LLC C/O TAX DEPARTMENT 1855 W STATE ROAD 434 LONGWOOD FL 32750		10 10 10 10 10 10 10 10 10 10 10 10 10 1	1524 S VISTA AVE STE 12 BOISE ID 83705			
				3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		LONGWOOD TE	32,30		J			
4. Limited Liability Companies:	Enter Nar	nes and Addresses o	of at least one Member or Manager.	•				
Office Held Na	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER GREGORY R		MASTERS	1855 WEST STATE ROAD 434	LONGWOOD	FL	USA	32750	
MEMBER WESLEY D S		SCOVANNER	1855 WEST STATE ROAD 434	LONGWOOD	FL	USA	32750	
MEMBER JOI	HN K RIT	ENOUR	1855 WEST STATE ROAD 434	LONGWOOD	FL	USA	32750	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
FL W 138076		Signature: Gregory R Masters		Date: 05/19/2015				
		Name (type or p		Title: Manager/CFO				
Processed 05/19/2015 * Electronically provided signatures are accepted as original signatures.								