

# AMENDED ANNUAL REPORT



Corporation Division  
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**E-FILED**  
May 20, 2016  
OREGON SECRETARY OF STATE

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**REGISTRY NUMBER**

102540895

**REGISTRATION DATE**

06/05/2014

**BUSINESS NAME**

EAGLE AMERICAN INSURANCE AGENCY, LLC

**BUSINESS ACTIVITY**

INSURANCE AGENCY - SALES AND SUPPORT

**MAILING ADDRESS**

1855 WEST STATE RD 434  
LONGWOOD FL 32750 USA

**TYPE**

FOREIGN LIMITED LIABILITY COMPANY

**PRIMARY PLACE OF BUSINESS**

1855 WEST STATE RD 434  
LONGWOOD FL 32750 USA

**JURISDICTION**

FLORIDA

**REGISTERED AGENT**

15872088 - CORPORATION SERVICE COMPANY

1127 BROADWAY ST NE STE 310  
SALEM OR 97301 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

**MANAGER**

GREGORY MASTERS

1855 WEST SR 434  
LONGWOOD FL 32750 USA

**MANAGER**

WESLEY D SCOVANNER

1855 WEST STATE RD 434  
LONGWOOD FL 32750 USA



**MANAGER**

JOHN WICK

1855 W STATE ROAD 434  
LONGWOOD FL 32750 USA

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

GREGORY MASTERS

**TITLE**

MANAGER

**DATE SIGNED**

05-20-2016