

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000087811

Entity Name: ASSURANCE DIMENSIONS, INC.

Current Principal Place of Business:

4920 W. CYPRESS STREET
SUITE 102
TAMPA, FL 33607

Current Mailing Address:

4920 W. CYPRESS STREET
SUITE 102
TAMPA, FL 33607 US

FEI Number: 26-3429295

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MCNAMARA, MATTHEW
15419 LAKE MAGDALENE BLVD.
TAMPA, FL 33613 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

Officer/Director Detail :

Title D
Name MCNAMARA, MATTHEW
Address 15419 LAKE MAGDALENE BLVD.
City-State-Zip: TAMPA FL 33613

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW MCNAMARA

MANAGING PARTNER

02/06/2019

Electronic Signature of Signing Officer/Director Detail

Date