

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000093365

Entity Name: ARROYO INSURANCE SERVICES, INC.**Current Principal Place of Business:**225 E. SANTA CLARA STREET, SUITE 130
ARCADIA, CA 91006**Current Mailing Address:**225 E. SANTA CLARA STREET, SUITE 130
ARCADIA, CA 91006 US**FEI Number:** 95-4089708**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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	DIRECTOR
Name	HIGGINS, THOMAS
Address	333 WEST 5TH STREET,
City-State-Zip:	SAN PEDRO CA 90731

Title	TREASURER
Name	MAXWELL, BRUCE
Address	6345 BALBOA BLVD., SUITE 230
City-State-Zip:	ENCINO CA 91316

Title	VP
Name	KELLY, ROBERT
Address	3480 TORRANCE BLVD., STE. 301
City-State-Zip:	TORRANCE CA 90503

Title	PRESIDENT
Name	WILLIAMS, TAYLOR
Address	3786 CRESCENTA AVE
City-State-Zip:	GLENDALE CA 91208

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: TAYLOR WILLIAMS**PRESIDENT****04/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date