

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000010821

**Entity Name:** L R & D INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

6825 MIRAMAR PARKWAY  
MIRAMAR, FL 33023

**Current Mailing Address:**

6825 MIRAMAR PARKWAY  
MIRAMAR, FL 33023 US

**FEI Number:** 27-1840408

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAWES, LESLIE R  
16928 SW 16TH STREET  
PEMBROKE PINES, FL 33027 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 P  
Name DAWES, LESLIE R  
Address 16928 SW 16TH STREET  
City-State-Zip: PEMBROKE PINES FL 33027

Title CUSTOMER SERVICE REPRESENTATIVE  
Name DAWES, DELRENE ELIZABETH  
Address 6825 MIRAMAR PARKWAY  
City-State-Zip: MIRAMAR FL 33023

*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:** LESLIE R. DAWES

**PRESIDENT**

**01/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date