

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014240

**Entity Name:** INSURANCE DISTRIBUTION CONSULTING, LLC

**Current Principal Place of Business:**

5115 NW 22ND STREET  
GAINESVILLE, FL 32605

**Current Mailing Address:**

P.O. BOX 49112  
CHARLOTTE, NC 28277

**FEI Number:** 36-4532238

**Certificate of Status Desired:** No

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

JONES, MICHAEL  
5115 NW 22ND STREET  
GAINESVILLE, FL 32605 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

**Authorized Person(s) Detail :**

Title MGR  
Name JONES, MICHAEL  
Address P.O. BOX 49112  
City-State-Zip: CHARLOTTE NC 28277

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL JONES

MGR

03/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date