

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014240

Entity Name: INSURANCE DISTRIBUTION CONSULTING, LLC

Current Principal Place of Business:

212 CATANIA WAY
WEST PALM BEACH , FL 33411

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
212 CATANIA WAY
WEST PALM BEACH, FL 33411 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 212 CATANIA WAY
City-State-Zip: WEST PALM BEACH FL 33411

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

MANAGER

06/28/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date