

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032783

Entity Name: SOLACE INSURANCE, LLC

Current Principal Place of Business:

10801 STARKEY RD SUITE 104
PMB 109
SEMINOLE, FL 33777

Current Mailing Address:

10801 STARKEY RD
SUITE 104 BOX 109
LARGO, FL 33777 US

FEI Number: 20-0342699

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHILDRESS, ROBERT EMGR
8701 MERRIMOOR BLVD E
LARGO, FL 33777 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	Title	VP OF OPERATIONS
Name	CHILDRESS, ROBERT E	Name	WELCH, MIA COLLEEN
Address	300 EAST BAY DR STE A	Address	10801 STARKEY RD SUITE 104 PMB 109
City-State-Zip:	LARGO FL 33770	City-State-Zip:	SEMINOLE FL 33777

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: MIA COLLEEN WELCH

V.P. OF OPERATIONS

04/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date