

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032783

Entity Name: SOLACE INSURANCE, LLC

Current Principal Place of Business:

300 EAST BAY DR STE A
LARGO, FL 33770

Current Mailing Address:

300 EAST BAY DR STE A
LARGO, FL 33770 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
Name CHILDRESS, ROBERT E
Address 300 EAST BAY DR STE A
City-State-Zip: LARGO FL 33770

Title VP
Name WELCH, MIA COLLEEN
Address 13406 DUCK LAKE CANAL RD
City-State-Zip: DADE CITY FL 33525

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

04/29/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date