

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017026

Entity Name: ANCLOTE INSURANCE AGENCY LLC

Current Principal Place of Business:

536 E TARPON AVENUE
SUITE 1B
TARPON SPRINGS, FL 34689

Current Mailing Address:

536 E TARPON AVENUE
SUITE 1B
TARPON SPRINGS, FL 34689 US

FEI Number: 26-3493682

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENNESS, MICHAEL
536 E TARPON AVENUE - STE. 1B
TARPON SPRINGS, FL 34689 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 MGRM
Name JENNESS, MICHAEL
Address 536 TARPON AVE - STE. 1B
City-State-Zip: TARPON SPRINGS FL 34689

Title MGRM
Name ROBINSON, TRACY
Address 536 TARPON AVE - STE. 1B
City-State-Zip: TARPON SPRINGS FL 34689

Title MGR
Name PETERSON, BARBARA
Address 536 TARPON AVE - STE. 1B
City-State-Zip: TARPON SPRINGS FL 34689

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: JENNESS, MICHAEL

MANAGER

02/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date