

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023051

Entity Name: COMPREHENSIVE INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

4300 S. JOG RD.
#541795
GREENACRES, FL 33454

Current Mailing Address:

4300 S. JOG RD.
#541795
GREENACRES, FL 33454 US

FEI Number: 20-2093222

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARCIA, ELIZABETH
4300 S. JOG RD.
#541795
GREENACRES, FL 33454 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 GARCIA, ELIZABETH
Address 4300 S. JOG RD.
#541795
City-State-Zip: GREENACRES FL 33454

Title MGR
Name GARCIA, LAZARO
Address 4300 S. JOG RD.
#541795
City-State-Zip: GREENACRES FL 33454

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: ELIZABETH GARCIA

MGRM

04/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date