

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000028223

**Entity Name:** ANDERSON MUSICAL INSTRUMENT INSURANCE SOLUTIONS, LLC**FILED**  
**Jan 04, 2021**  
**Secretary of State**  
**9917710709CC****Current Principal Place of Business:**1570 LAKEVIEW DRIVE  
STE 2A  
SEBRING, FL 33870-7959**Current Mailing Address:**1570 LAKEVIEW DRIVE  
STE 2A  
SEBRING, FL 33870-7959 US**FEI Number:** 26-2211319**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** WILLIAM J NIELANDER, ESQ.

01/04/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGING MEMBER
Name	ANDERSON, PETER T
Address	1190 CIELO CT
City-State-Zip:	NORTH VENICE FL 34275-2222

Title	AMBR
Name	BRAKE, ANDREW RICHARD
Address	3333 GOLFVIEW ROAD
City-State-Zip:	SEBRING FL 33875-5005

Title	AMBR
Name	BRAKE, REBECCA JANE
Address	3333 GOLFVIEW ROAD
City-State-Zip:	SEBRING FL 33875-5005

*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:** PETER T ANDERSON**PRESIDENT MANAGING  
MBR**

01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date