

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081274

Entity Name: D&M INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

2625 MCCORMICK DRIVE
SUITE 104
CLEARWATER, FL 33759

Current Mailing Address:

2625 MCCORMICK DRIVE
SUITE 104
CLEARWATER, FL 33759

FEI Number: 26-3258685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CIANFRONE, JOSEPH RESQ.
1964 BAYSHORE BLVD.
DUNEDIN, FL 34698 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 COX, WILLIAM D
Address 5041 VALENCIA LANE EAST
City-State-Zip: PALM HARBOR FL 34684

Title MGRM
Name RYAN, MICHAEL P
Address 1727 MAIN STREET
City-State-Zip: SAFETY HARBOR FL 34695

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: WILLIAM D. COX

MANAGING MEMBER

01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date