2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000081425

Entity Name: ASSUREDNATION INSURANCE LLC

Current Principal Place of Business:

7660 PORTO VECCHIO PLACE DELRAY BEACH. FL 33446

Current Mailing Address:

7660 PORTO VECCHIO PLACE DELRAY BEACH, FL 33446 US

FEI Number: 80-0263745 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANDSBERG-HARRIS, SONDRA CFP 7660 PORTO VECCHIO PLACE DELRAY BEACH, FL 33446 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

FILED Apr 30, 2019

Secretary of State

3499086520CC

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name LANDSBERG-HARRIS, SONDRA CFP Name LANDSBERG, DEBRA

Address 7660 PORTO VECCHIO PLACE Address 1421 S OCEAN BOULEVARD

220

City-State-Zip: DELRAY BEACH FL 33446
City-State-Zip: POMPANO BEACH FL 33062

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: SONDRA LANDSBERG-HARRIS

MGRM

04/30/2019