2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2021
Secretary of State
1461499661CC

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Entity Name: COMBS INSURANCE SERVICES, LLC

Current Principal Place of Business:

439 GASTON FOSTER ROAD
SUITE D
ORLANDO, FL 32807

Current Mailing Address:

4521 LENMORE STREET
ORLANDO, FL 32812 US

FEI Number: 26-4129103

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COMBS, MARK E
2 SOUTH ORANGE AVENUE
2ND FLOOR STE 203
ORLANDO, FL 32801 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: MARK COMBS 02/01/2021

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	PRESIDENT
Name	COMBS RISK MANAGEMENT, LLC	Name	COMBS, MARK E
Address	439 GASTON FOSTER SUITE D	Address	4521 LENMORE STREET
City-State-Zip:	ORLANDO FL 32807	City-State-Zip:	ORLANDO FL 32812

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: MARK COMBS PRESIDENT 02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date