

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104048

Entity Name: COMBS INSURANCE SERVICES, LLC

Current Principal Place of Business:

2 SOUTH ORANGE AVENUE
2ND FLOOR
ORLANDO, FL 32801

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

03/31/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COMBS RISK MANAGEMENT, LLC
Address 2 SOUTH ORANGE AVENUE
2ND FLOOR
City-State-Zip: ORLANDO FL 32801

Title PRESIDENT
Name COMBS, MARK E
Address 4521 LENMORE STREET
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

OWNER_MEMBER

03/31/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date