

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104048

**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

02/20/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name COMBS RISK MANAGEMENT, LLC  
Address 439 GASTON FOSTER  
SUITE D  
City-State-Zip: ORLANDO FL 32807

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

MEMBER\_PRESIDENT

02/20/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date