

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000092298

Entity Name: THE NATIONAL ASSOCIATION OF INSURANCE AGENCIES, LLC**Current Principal Place of Business:**800 W. YAMATO ROAD, SUITE 100
BOCA RATON, FL 33431**Current Mailing Address:**800 W. YAMATO ROAD, SUITE 100
BOCA RATON, FL 33431 US**FEI Number:** 27-5301453**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** TIMOTHY SYLVESTER

04/28/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name NATION SAFE DRIVERS HOLDINGS, LLC
Address 800 W. YAMATO ROAD, SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title SECRETARY
Name SMITH, LAUREN
Address 800 W. YAMATO ROAD, SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title VP
Name SOTHEN, RICHARD MICHAEL
Address 800 W. YAMATO RD STE 100
City-State-Zip: BOCA RATON FL 33431

Title PRESIDENT
Name WIENER, MICHAEL
Address 800 W. YAMATO ROAD, SUITE 100
City-State-Zip: BOCA RATON FL 33431

Title TREASURER
Name SMITH, ANDREW
Address 800 W. YAMATO ROAD, SUITE 100
City-State-Zip: BOCA RATON FL 33431

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: MICHAEL WIENER

PRESIDENT

04/28/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date