

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000092298

Entity Name: THE NATIONAL ASSOCIATION OF INSURANCE AGENCIES, LLC**Current Principal Place of Business:**5600 BROKEN SOUND BLVD NW
BOCA RATON, FL 33487**Current Mailing Address:**5600 BROKEN SOUND BLVD NW
BOCA RATON, FL 33487 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

04/18/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER
Name	NATION SAFE DRIVERS HOLDINGS, LLC
Address	5600 BROKEN SOUND BLVD NW
City-State-Zip:	BOCA RATON FL 33487

Title	TREASURER
Name	SMITH, ANDREW
Address	5600 BROKEN SOUND BLVD NW
City-State-Zip:	BOCA RATON FL 33487

Title	SECRETARY
Name	SMITH, LAUREN
Address	5600 BROKEN SOUND BLVD NW
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	SOTHEN, RICHARD MICHAEL
Address	800 W. YAMATO RD STE 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: RICHARD SOTHEN

VP

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date