2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000092298

Entity Name: THE NATIONAL ASSOCIATION OF INSURANCE AGENCIES, LLC

FILED Apr 01, 2019 **Secretary of State** 2893621975CC

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 04/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title PRESIDENT, TREASURER, MANAGER Title MGR

SMITH, ANDREW Name Name MORRIS, STUART

Address 800 W. YAMATO ROAD, SUITE 100 Address 800 W. YAMATO ROAD, SUITE 100

City-State-Zip: BOCA RATON FL 33431 BOCA RATON FL 33431 City-State-Zip:

Title MGR Title MGR

Name SMITH, MICHAEL ESPOSITO, FRANK Name

Address 800 W. YAMATO ROAD, SUITE 100 Address 800 W. YAMATO ROAD, SUITE 100

BOCA RATON FL 33431 City-State-Zip: City-State-Zip: BOCA RATON FL 33431

SECRETARY Title Title MGR Name

SMITH, LAUREN Name HENRY, ROBERT

Address 800 W. YAMATO ROAD, SUITE 100 800 W. YAMATO ROAD, SUITE 100 Address

City-State-Zip: BOCA RATON FL 33431 BOCA RATON FL 33431 City-State-Zip:

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.

04/01/2019 SIGNATURE: ANDREW SMITH **PRES**