

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104072

**Entity Name:** CORNERSTONE INSURANCE SERVICES LLC

**Current Principal Place of Business:**

805 E BROWARD BLVD  
SUITE 303  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

101 N STATE RD 7  
SUITE 121  
MARGATE, FL 33063 US

**FEI Number:** 45-3215529

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROOKS, STEVEN D  
805 EAST BROWARD BLVD  
SUITE 303  
FORT LAUDERDALE , FL 33301 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	BROOKS, STEVEN D	Name	BRAVO, JUAN O
Address	9080 MISTY CREEK DR	Address	PO BOX 8246
City-State-Zip:	SARASOTA FL 34241	City-State-Zip:	CORAL SPRINGS FL 33075

*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:** STEVEN BROOKS

**PRESIDENT**

**04/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date