

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000142426

Entity Name: CR & HB INSURANCE SOLUTIONS, LLC**Current Principal Place of Business:**220 E CENTRAL PKWY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**220 E CENTRAL PKWY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701 US**FEI Number:** 45-4079279**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMLIN, ALVIN C
220 E CENTRAL PKWY
SUITE 2070
ALTAMONTE SPRINGS, FL 32701 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 MGRM
Name CHELSEA RHONE, LLC
Address 130 S FIRST STREET
4TH FLOOR
City-State-Zip: ANN ARBOR MI 48104

Title MGRM
Name SHELL CREEK, LLC
Address 220 E CENTRAL PKWY
SUITE 2070
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR
Name HAMLIN, PAUL B
Address 220 E CENTRAL PKWY
SUITE 2070
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR
Name HAMLIN, ALVIN C
Address 220 E CENTRAL PKWY
SUITE 2070
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR
Name FEENEY, PETER L
Address 130 S FIRST STREET
4TH FLOOR
City-State-Zip: ANN ARBOR MI 48104

Title MGR
Name FEENEY, MARC
Address 130 S FIRST STREET
4TH FLOOR
City-State-Zip: ANN ARBOR MI 48104

Title MANAGER
Name KACHRIS, THEODORE L
Address 220 E CENTRAL PKWY
SUITE 2070
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: THEODORE KACHRIS**MANAGER****02/09/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date