

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000074479

**Entity Name:** THE INSURANCE HUB, LLC

**Current Principal Place of Business:**

4029 MAVERICK AVE  
SARASOTA, FL 34233

**Current Mailing Address:**

PO BOX 5069  
SARASOTA, FL 34277 US

**FEI Number:** 45-5165614

**Certificate of Status Desired:** No

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

CESAR CHACON  
4029 MAVERICK AVE  
SARASOTA, FL 34233 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:** CESAR CHACON

03/15/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title OWNER  
Name CHACON, CESAR  
Address 4029 MAVERICK AVE  
City-State-Zip: SARASOTA FL 34233

Title MANAGER  
Name PICARD, VEERLE G  
Address 4029 MAVERICK AVE  
City-State-Zip: SARASOTA FL 34233

*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:** CESAR CHACON

MANAGING PARTNER

03/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date