

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000100632

Entity Name: INSURANCE BENEFIT NAVIGATORS LLC**Current Principal Place of Business:**3436 HIGHWAY 19
HOLIDAY, FL 34691**Current Mailing Address:**3436 HIGHWAY 19
HOLIDAY, FL 34691 US**FEI Number:** 46-3212423**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FILLWEBER, BRIAN
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** BRIAN FILLWEBER

02/13/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name FILLWEBER, BRIAN
Address 3436 HIGHWAY 19
City-State-Zip: HOLIDAY FL 34691

Title MGR
Name PEARL, SUZANNE
Address 6394 BANYAN BLVD
UNIT 201
City-State-Zip: NEW PORT RICHEY FL 34652

Title MGR
Name PEARL, KATLAIN
Address 3436 HIGHWAY 19
City-State-Zip: HOLIDAY FL 34691

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: BRIAN FILLWEBER

AMBR

02/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date