

**2021 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:**

CORPORATION SERVICE COMPANY  
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:**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name FILLWEBER, BRIAN  
Address 6394 BANYAN BLVD  
201  
City-State-Zip: NEW PORT RICHEY FL 34652

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

*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:** SUZANNE PEARL

VP/AGENT

01/29/2021

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

\_\_\_\_\_  
Date