

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000139343

Entity Name: ADVISORS INSURANCE DIRECT, LLC

Current Principal Place of Business:

200 E BROWARD BLVD, #1320
FT LAUDERDALE, FL 33301

Current Mailing Address:

200 E BROWARD BLVD, #1320
FT LAUDERDALE, FL 33301 US

FEI Number: 46-3800915

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWELL, MARC L
200 E. BROWARD BLVD.
SUITE 1320
FT. 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
Name LOWELL, MARC L
Address 200 E. BROWARD BLVD.
SUITE #1320
City-State-Zip: FT. LAUDERDALE FL 33301

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: MARC L LOWELL _____

MGR

03/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date