

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L14000090752

**Entity Name:** ND & C INSURANCE SERVICES LLC

**Current Principal Place of Business:**

100 E LINTON BLVD  
101B  
DELRAY BEACH , FL 33483

**Current Mailing Address:**

6436 4TH PL  
VERO BEACH , FL 32968 US

**FEI Number:** 47-1025413

**Certificate of Status Desired:** No

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

NOEL, YOUSSELANDE Y SR  
100 E LINTON BLVD  
101B  
DELRAY BEACH , FL 33483 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:** YOUSSELANDE NOEL

10/07/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                        |                 |                        |
|-----------------|------------------------|-----------------|------------------------|
| Title           | AP                     | Title           | AGENT                  |
| Name            | NOEL, YOUSSELANDE Y SR | Name            | NOEL, YOUSSELANDE Y SR |
| Address         | 6436 4TH PL            | Address         | 6436 4TH PL            |
| City-State-Zip: | VERO BEACH FL 32968    | City-State-Zip: | VERO BEACH FL 32968    |

*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:** YOUSSELANDE NOEL

AGENT

10/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date