

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000022635

Entity Name: BRYVA INSURANCE LLC

Current Principal Place of Business:

301 CLEMATIS ST
3000
WEST PALM BEACH, FL 33401

Current Mailing Address:

PO BOX 942
WEST PALM BEACH, FL 33402 US

FEI Number: 47-3041139

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURGK, TARYN
301 CLEMATIS ST
3000
WEST PALM BEACH, FL 33401 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 BURGK, TARYN
Address PO BOX 942
City-State-Zip: WEST PALM BEACH FL 33402

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: TARYN BURGK

MGR

04/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date