

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000049439

**Entity Name:** ONYX INSURANCE LLC

**Current Principal Place of Business:**

12019 WANDSWORTH DRIVE  
TAMPA, FL 33626

**Current Mailing Address:**

12019 WANDSWORTH DRIVE  
TAMPA, FL 33626 US

**FEI Number:** 47-3481794

**Certificate of Status Desired:** No

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

PAPPAS, GEORGE G  
1822 NORTH BELCHER ROAD  
UNIT 200  
CLEARWATER, FL 33765 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 AMBR  
Name AMAAN, CHANDRANI  
Address 2156 34TH STREET SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33711

*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:** AMAAN CHANDRANI

AMBR

04/23/2021

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

\_\_\_\_\_  
Date