

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000140303

**Entity Name:** RELIANT INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

4114 WOODLANDS PKWY  
SUITE 303C  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4114 WOODLANDS PKWY  
SUITE 303C  
PALM HARBOR, FL 34685 US

**FEI Number:** 81-3393694

**Certificate of Status Desired:** No

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

TOOMER, JONATHAN H  
2952 WENTWORTH WAY  
TARPON SPRINGS, FL 34688 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            PRESIDENT  
Name            TOOMER, JONATHAN HILTON  
Address        2952 WENTWORTH WAY  
City-State-Zip: TARPON SPRINGS FL 34688

Title            VP  
Name            TOOMER, LAURIE ANN-CRISORIO  
Address        2952 WENTWORTH WAY  
City-State-Zip: TARPON SPRINGS FL 34688

*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:** JONATHAN TOOMER

**PRESIDENT**

**01/30/2023**

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

\_\_\_\_\_  
Date