

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000104346

**Entity Name:** 01 ALLEGIANT INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

1172 SOUTH DIXIE HIGHWAY  
SUITE 555  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1172 SOUTH DIXIE HIGHWAY  
555  
CORAL GABLES, FL 33146 US

**FEI Number:** 82-1513315

**Certificate of Status Desired:** Yes

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

LYONS, MARIA  
1172 SOUTH DIXIE HIGHWAY  
SUITE 555  
CORAL GABLES, FL 33146 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:** MARIA LYONS

03/01/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name LYONS, MARIA  
Address 1172 SOUTH DIXIE HIGHWAY  
SUITE 555  
City-State-Zip: CORAL GABLES FL 33146

*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:** MARIA LYONS

CEO

03/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date