

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000156211

**Entity Name:** INSURANCE PLAN ADVISORS LLC

**Current Principal Place of Business:**

999 SE BUTTONWOOD CIR  
STUART, FL 34997

**Current Mailing Address:**

999 SE BUTTONWOOD CIR  
STUART, FL 34997 US

**FEI Number:** 82-2230381

**Certificate of Status Desired:** No

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

PARKER, DANIEL F  
999 SE BUTTONWOOD CIR  
STUART, FL 34997 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 PARKER, DANIEL F  
Address 999 SE BUTTONWOOD CIR  
City-State-Zip: STUART FL 34997

Title MGR  
Name MASHNI, SULTAN I  
Address 14847 GOLDEN SUNBURST AVE  
City-State-Zip: ORLANDO FL 32827

Title MGR  
Name LOPEZ, ANTHONY L  
Address 3481 PAWLEYS LOOP N  
City-State-Zip: ST CLOUD FL 34769

*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:** DANIEL PARKER

**MANAGER**

**02/25/2021**

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

\_\_\_\_\_  
Date