

2024 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

MGR

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date