

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000232708

**Entity Name:** ARGENCIA INSURANCE SERVICES LLC

**Current Principal Place of Business:**

15653 SW 52ND CT  
MIRAMAR, FL 33027

**Current Mailing Address:**

15653 SW 52ND CT  
MIRAMAR, FL 33027 US

**FEI Number:** 82-3417112

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301 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 MGRM  
Name WILLISHER, ANTHONY  
Address 15653 SW 52ND CT  
City-State-Zip: MIRAMAR FL 33027

*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:** ANTHONY WILLISHER

**PRESIDENT**

**07/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date