

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000004512

**Entity Name:** ADVANTAGE INSURANCE ADVISORS LLC

**Current Principal Place of Business:**

231 CITRUS TOWER BLVD  
CLERMONT, FL 34711

**Current Mailing Address:**

800 LAKEVIEW POINTE DR.  
CLERMONT, FL 34711 US

**FEI Number: 82-3959168**

**Certificate of Status Desired: No**

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

RUIZ, ORLANDO A  
800 LAKEVIEW POINTE DR.  
CLERMONT, FL 34711 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	Title	MGR
Name	RUIZ, ORLANDO A	Name	RUIZ, EMILY M
Address	800 LAKEVIEW POINTE DR.	Address	800 LAKEVIEW POINTE DR.
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

*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: ORLANDO RUIZ**

**PRINCIPAL**

**02/04/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date