

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000184580

Entity Name: LIBERTATE INSURANCE SERVICES, LLC

Current Principal Place of Business:

20 N. ORANGE AVE, SUITE 500
ORLANDO, FL 32801

Current Mailing Address:

20 N. ORANGE AVE, SUITE 500
ORLANDO, FL 32801

FEI Number: 32-0579380

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARTIN, JOHN
20 N. ORANGE AVE., SUITE 500
ORLANDO, FL 32801 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 CALDWELL, SHANE
Address 20 N. ORANGE AVE., SUITE 500
City-State-Zip: ORLANDO FL 32801

Title MGR
Name BANGLORIA, HASIB
Address 20 N. ORANGE AVE., SUITE 500
City-State-Zip: ORLANDO FL 32801

Title MGR
Name HUGHES, PAUL
Address 20 N. ORANGE AVE, SUITE 500
City-State-Zip: ORLANDO FL 32801

Title MGR
Name HUGHES, PAUL
Address 20 N. ORANGE AVE., SUITE 500
City-State-Zip: ORLANDO FL 32801

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: PAUL HUGHES

MANAGER

01/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date