

2022 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: KEVIN SHANE CALDWELL**MANAGER****01/25/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date