

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000219859

Entity Name: NEO INSURANCE SOLUTIONS LLC

Current Principal Place of Business:

10000 STIRLING ROAD
#5
COOPER CITY, FL 33024

Current Mailing Address:

10000 STIRLING ROAD
#5
COOPER CITY, FL 33024 US

FEI Number: 83-1939417

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WUENSCH, ALAN
10451 LIMA STREET
COOPER CITY, FL 33026 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 AMBR
Name WUENSCH, ALAN
Address 10451 LIMA STREET
City-State-Zip: COOPER CITY FL 33026

Title AMBR
Name WALIN, STEVE
Address 2600 NW 49TH ST
City-State-Zip: BOCA RATON FL 33434

Title CEO
Name KARLIN, JONATHAN
Address 10000 STIRLING RD
City-State-Zip: HOLLYWOOD FL 33024

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: KARLIN , JONATHAN

CEO

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date