

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000219859

**Entity Name:** NEO INSURANCE SOLUTIONS LLC

**Current Principal Place of Business:**

200 S. BISCAYNE BLVD  
SUITE 2720  
MIAMI, FL 33131

**Current Mailing Address:**

200 S. BISCAYNE BLVD  
SUITE 2720  
MIAMI, FL 33131 US

**FEI Number:** 83-1939417

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 N CALHOUN ST #4  
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 COO  
Name SIEGEL, AUSTIN  
Address 200 S. BISCAYNE BLVD  
SUITE 2720  
City-State-Zip: MIAMI FL 33131

*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:** AUSTIN SIEGEL

COO

04/12/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date