## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000247036

Entity Name: INSURANCE ADVISORS USA LLC

**Current Principal Place of Business:** 

11567 FOUNTAINHEAD DR APT 307

TAMPA. FL 33626

## **Current Mailing Address:**

11567 FOUNTAINHEAD DR APT 307 TAMPA, FL 33626 US

FEI Number: 84-5145537 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LAURIE, JOHN 11567 FOUNTAINHEAD DR APT 307 TAMPA, FL 33626 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: JOHN LAURIE 02/23/2021

Electronic Signature of Registered Agent

Authorized Person(s) Detail:

PRESIDENT, CEO, MANAGER Title

Name LAURIE, JOHN C

11567 FOUNTAINHEAD DR APT 307 Address

City-State-Zip: TAMPA FL 33626

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: JOHN C LAURIE

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT & CEO

**FILED** Feb 23, 2021

**Secretary of State** 

0412329925CC

Date

02/23/2021 Date