

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000247036

Entity Name: INSURANCE ADVISORS USA LLC

Current Principal Place of Business:

10304 SAVILLE ROWE LN
TAMPA, FL 33626

Current Mailing Address:

10304 SAVILLE ROWE LN
TAMPA, FL 33626 US

FEI Number: 84-5145537

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAURIE, JOHN C
10304 SAVILLE ROWE LN
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name LAURIE, JOHN C
Address 10304 SAVILLE ROWE LN
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

MANAGER

03/17/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date