

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000247036

**Entity Name:** INSURANCE ADVISORS USA LLC

**Current Principal Place of Business:**

3015 N ROCKY POINT DR E  
UNIT 920  
TAMPA, FL 33607

**Current Mailing Address:**

3015 N ROCKY POINT DR E  
UNIT 920  
TAMPA, FL 33607 US

**FEI Number:** 84-5145537

**Certificate of Status Desired:** No

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

LAURIE, JOHN  
3015 N ROCKY POINT DR E  
UNIT 920  
TAMPA, FL 33607 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

03/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, CEO, MANAGER  
Name            LAURIE, JOHN C  
Address        3015 N ROCKY POINT DR E  
                    UNIT 920  
City-State-Zip: TAMPA FL 33607

*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

PRESIDENT & CEO

03/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date