

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000015931

Entity Name: ASSURE ALL INSURANCE LLC

Current Principal Place of Business:

1031 WEST MORSE BOULEVARD
SUITE 260
WINTER PARK, FL 32789

Current Mailing Address:

1031 WEST MORSE BOULEVARD
SUITE 260
WINTER PARK, FL 32789 US

FEI Number: 83-3210897

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEIBOWITZ, ASHLEY S
1031 WEST MORSE BOULEVARD
SUITE 260
WINTER PARK, FL 32789 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 CEO
Name LEIBOWITZ, ASHLEY S
Address 1031 WEST MORSE BOULEVARD,
 SUITE 260
City-State-Zip: WINTER PARK FL 32789

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: ASHLEY LEIBOWITZ

CEO

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date