**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 04, 2021**
**Secretary of State**
**6479215235CC**

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,<br>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 01/04/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date