

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000040198

**Entity Name:** NEST INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

28210 PASEO DRIVE  
STE. 190  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

28210 PASEO DRIVE  
STE. 190  
WESLEY CHAPEL, FL 33543 US

**FEI Number:** 83-3499648

**Certificate of Status Desired:** No

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

SUNSHINE CORPORATE FILINGS LLC  
7901 4TH ST N  
STE 300  
ST. PETERSBURG, FL 33702 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:** BILL HAVRE

10/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name REYNOLDS, JADE  
Address 16350 BRUCE B DOWNS BLVD  
48571  
City-State-Zip: TAMPA FL 33647

Title AUTHORIZED MEMBER  
Name WILSON, KAREN  
Address 138 FENWAY DR  
City-State-Zip: SPRINGFIELD MA 01119

*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:** JADE REYNOLDS

MANAGER

10/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date