

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000045289

**Entity Name:** SELF INSURED ADVISORS, LLC

**Current Principal Place of Business:**

308 CARL AVE.  
BELLEAIR, FL 33756

**Current Mailing Address:**

308 CARL AVE.  
BELLEAIR, FL 33756 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

WILKIE, AARON  
308 CARL AVE.  
BELLEAIR, FL 33756 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:** AARON WILKIE

02/20/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name WILKIE, AARON  
Address 308 CARL AVE.  
City-State-Zip: BELLEAIR FL 33756

*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:** AARON WILKIE

AMBR

02/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date