

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000126968

Entity Name: ZAMOR INSURANCE GROUP LLC

Current Principal Place of Business:

4699 N STATE RD 7
SUITE G
TAMARAC, FL 33319

Current Mailing Address:

4699 N STATE RD 7
SUITE G
TAMARAC, FL 33319

FEI Number: 84-2249162

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAMOR, PAUL E JR
4699 N STATE RD 7
SUITE G
TAMARAC, FL 33319 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 MGR
Name ZAMOR, PAUL E JR
Address 4699 N STATE RD 7, SUITE G
City-State-Zip: TAMARAC FL 33319

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: PAUL E ZAMOR

MGR

03/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date