

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000193470

Entity Name: 3D INSURANCE LLC

Current Principal Place of Business:

2298 COLBERT LN
PALM COAST, FL 32137

Current Mailing Address:

2298 COLBERT LN
PALM COAST, FL 32137 US

FEI Number: 84-2650436

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOLAMORE, PHILLIP
2298 COLBERT LN
PALM COAST, FL 32137 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 DOLAMORE, GRAHAM
Address 2298 COLBERT LN
City-State-Zip: PALM COAST FL 32137

Title MGR
Name DOLAMORE, PHILLIP
Address 39 TIMBERWOLF TRAIL
City-State-Zip: SILVERTHORNE CO 80498

Title MGR
Name DOLAMORE, LINDSAY
Address 2298 COLBERT LN
City-State-Zip: PALM COAST F FL 32137

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: LINDSAY DOLAMORE

MGR

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date