**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Mar 10, 2020**
**Secretary of State**
**5772738197CC**

DOCUMENT# L19000209249

**Entity Name:** ACCORD INSURANCE AGENCY, LLC.

**Current Principal Place of Business:**

12975 COLLIER BLVD
SUITE 109
NAPLES, FL 34116

**Current Mailing Address:**

12975 COLLIER BLVD
SUITE 109
NAPLES, FL 34116 US

**FEI Number: 84-2744393**

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
SUITE 109
PLANTATION, FL 33324 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 | AP | Title | MGR |
| Name | GEORGES, JUSTIN E | Name | CORLETO, NADIA M |
| Address | 12975 COLLIER BLVD<br>SUITE 109 | Address | 12975 COLLIER BLVD<br>SUITE 109 |
| City-State-Zip: | NAPLES FL 34116 | City-State-Zip: | NAPLES FL 34116 |

| | |
|---|---|
| Title | AMBR |
| Name | AMERICAN ACCORD INSURANCE, INC. |
| Address | 99 S. ALMADEN BLVD<br>SUITE 600 |
| City-State-Zip: | SAN JOSE CA 95113 |

*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: JUSTIN E. GEORGES AP 03/10/2020

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