

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000215567

Entity Name: EDGEWATER INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

7143 STATE ROAD 54
#185
NEW PORT RICHEY, FL 34653

Current Mailing Address:

7143 STATE ROAD 54
#185
NEW PORT RICHEY, FL 34653 US

FEI Number: 84-2911084

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, DANETTE
7143 STATE ROAD 54
#185
NEW PORT RICHEY, FL 34653 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 WILSON, DANETTE
Address 7143 STATE ROAD 54 #185
City-State-Zip: NEW PORT RICHEY FL 34653

Title MANAGING MEMBER
Name WILSON, MARK M
Address 7143 STATE ROAD 54 #185
City-State-Zip: NEW PORT RICHEY FL 34653

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: DANETTE WILSON

MANAGING MEMBER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date