

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000281170

Entity Name: AJR INSURANCE SOLUTIONS LLC

Current Principal Place of Business:

6460 SW 13TH ST
PLANTATION, FL 33317

Current Mailing Address:

6460 SW 13TH ST
PLANTATION, FL 33317 US

FEI Number: 84-3645938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALCONE, NICHOLAS
6460 SW 13TH ST
PLANTATION, FL 33317 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 FALCONE, NICHOLAS
Address 6460 SW 13TH ST
City-State-Zip: PLANTATION FL 33317

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: NICHOLAS FALCONE

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02/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date