

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000287753

**Entity Name:** APEX INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

777 DELTONA BLVD  
SUITE 28  
DELTONA, FL 32725

**Current Mailing Address:**

777 DELTONA BLVD  
SUITE 28  
DELTONA, FL 32725 UN

**FEI Number:** 84-3906158

**Certificate of Status Desired:** No

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

DIONNE, ANGELA L  
777 DELTONA BLVD  
SUITE 28  
DELTONA, FL 32725 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 DIONNE, ANGELA L  
Address 777 DELTONA BLVD, SUITE 28  
City-State-Zip: DELTONA FL 32725

Title MGR  
Name SALLY, JUSTIN C  
Address 1250 E. HALLANDALE BEACH BLVD.,  
ST 1007  
City-State-Zip: HALLANDALE BEACH FL 33009

*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:** ANGELA L DIONNE

**MGR**

**01/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date