

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000291671

Entity Name: CHOICE INSURANCE SOLUTIONS LLC

Current Principal Place of Business:

945 CITY PLAZA WAY
2045
OVIEDO, FL 32765

Current Mailing Address:

945 CITY PLAZA WAY
2045
OVIEDO, FL 32765

FEI Number: 84-3950278

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANTOS, JUAN
945 CITY PLAZA WAY
2045
OVIEDO, FL 32765 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 MGRM
Name SANTOS, JUAN
Address 945 CITY PLAZA WAY APT 2045
City-State-Zip: OVIEDO FL 32765

Title MGRM
Name GARCIA, LUIS
Address 3971 PEMBERLY PINES CIR
City-State-Zip: SAINT CLOUD FL 34769

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: JUAN SANTOS

MANAGER

06/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date