

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000300291

**Entity Name:** 4 QUOTES, LLC

**Current Principal Place of Business:**

1075 RIVERSIDE DRIVE, SUITE 404  
404  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1075 RIVERSIDE DRIVE, SUITE 404  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 84-4731769

**Certificate of Status Desired:** No

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

SILVERBERG & WEISS, P.A.  
1290 WESTON ROAD  
SUITE 218  
WESTON, FL 33326 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                       | Title           | DIRECTOR                  |
| Name            | OLSEN, GINA               | Name            | TODD, SOLL ROBERT         |
| Address         | 3050 BISCAYNE BLVD<br>700 | Address         | 3050 BISCAYNE BLVD<br>700 |
| City-State-Zip: | MIAMI FL 33137            | City-State-Zip: | MIAMI FL 33137            |

*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:** GINA OLSEN

**PRESIDENT**

**04/01/2024**

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

\_\_\_\_\_  
Date