

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000301614

**Entity Name:** TRI-BALANCE INSURANCE AGENCY LLC

**Current Principal Place of Business:**

394 BRENTWOOD CLUB CV  
LONGWOOD, FL 32750

**Current Mailing Address:**

394 BRENTWOOD CLUB CV  
LONGWOOD, FL 32750 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

CURTIS, PRISCILLA B  
394 BRENTWOOD CLUB CV  
LONGWOOD, FL 32750 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 CURTIS, PRISCILLA B  
Address 394 BRENTWOOD CLUB CV  
City-State-Zip: LONGWOOD FL 32750

*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:** PRISCILLA B CURTIS

**MANAGING PARTNER**

**02/19/2021**

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

\_\_\_\_\_  
Date