2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2021
Secretary of State
9305355850CC

DOCUMENT# L20000000818

Entity Name: ALLEGIANCE INSURANCE FLORIDA, LLC

Current Principal Place of Business:

586 MARSH LANDING PARKWAY, STE 101
JACKSONVILLE, FL 32250

Current Mailing Address:

12141 W. 159TH ST.
STE B
HOMER GLEN, IL 60491 US

FEI Number: 84-4255062

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	PETROCELLI, NICHOLAS W
Address	120 COUNTRY CLUB DR. 8U
City-State-Zip:	INCLINE VILLAGE NV 86451

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: PETROCELLI, NICHOLAS W MANAGER 02/06/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date