

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000030572

Entity Name: PAUL INSURANCE AGENCY, LLC

Current Principal Place of Business:

5889 S WILLIAMSON BLVD
STE 1414
PORT ORANGE, FL 32128

Current Mailing Address:

5889 S WILLIAMSON BLVD
STE 1414
PORT ORANGE, FL 32128 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOREY, R. KEVIN
595 W. GRANADA BLVD.
STE. A
ORMOND BEACH, FL 32174 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 AMBR
Name PAUL, GARY
Address 1741 CREEKWATER BLVD
City-State-Zip: PORT ORANGE FL 32128

Title AMBR
Name PAUL, SAMUEL
Address 1741 CREEKWATER BLVD
City-State-Zip: PORT ORANGE FL 32128

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: PAUL , GARY

AMBR

04/07/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date