

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000059683

**Entity Name:** 50 STATE INSURANCE & TAX SERVICE LLC

**Current Principal Place of Business:**

5253 NW 33RD AVE  
5253  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

5253 NW 33RD AVE  
5253  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 00-0000000

**Certificate of Status Desired:** No

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

EXCELCIUM FINANCIAL INC  
5253 NW 33RD AVE  
5253  
FT LAUDERDALE, FL 33309 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:** EXCELCIUM FINANCIAL

01/11/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, MANAGER/AUTHORIZED  
                  MEMBER/AUTHORIZED  
                  REPRESENTATIVE'S  
Name           EXCELCIUM FINANCIAL INC  
Address        5253 NW 33RD AVE, 5253  
City-State-Zip: FT LAUDERDALE FL 33309

*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:** EXCELCIUM FINANCIAL

MANAGER

01/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date