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.

MANAGER

SIGNATURE: MAX H SAINTIL

Electronic Signature of Signing Authorized Person(s) Detail

2021 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: 84-5033203

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SAINTIL, MAX H 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:

Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	SAINTIL, MAX H	Name	JONAS, SAINTIL
Address	5253 NW 33RD AVE, 5253	Address	5253 NW 33RD AVE, 5253
City-State-Zip:	FT LAUDERDALE FL 33309	City-State-Zip:	FT LAUDERDALE FL 33309
Title	AUTHORIZED REPRESENTATIVE		
Name	ECHEL, NORELIEN		
Address	5253 NW 33RD AVE, 5253		
City-State-Zip:	FT LAUDERDALE FL 33309		

Certificate of Status Desired: No

FILED Feb 01, 2021 Secretary of State 4284373008CC

> 02/01/2021 Date

Date