

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000070424

**Entity Name:** PHARUS INSURANCE SERVICES, LLC**Current Principal Place of Business:**1859 SE PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34952**Current Mailing Address:**1859 SE PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34952 US**FEI Number:** 84-5041640**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORHARDT, CHRISTOPHER  
1859 SE PORT SAINT LUCIE BLVD  
PORT SAINT LUCIE, FL 34952 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	AUTHORIZED MEMBER
Name	MORHARDT, CHRISTOPHER
Address	1859 SE PORT SAINT LUCIE BLVD
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	AUTHORIZED MEMBER
Name	HARTMAN, BRIAN
Address	1859 SE PORT SAINT LUCIE BLVD
City-State-Zip:	PORT SAINT LUCIE FL 34952

Title	AUTHORIZED MEMBER
Name	CHACON, RUDOLF SR
Address	109 THOROUGHBRED CIRCLE
City-State-Zip:	ARDEN NC 28704

*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:** CHRISTOPHER MORHARDT

MEMBER

03/01/2022

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