

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000083312

**Entity Name:** AXC INSURANCE LLC

**Current Principal Place of Business:**

4711 S. HIMES AVE.  
APT. 2103  
TAMPA, FL 33611

**Current Mailing Address:**

4711 S HIMES AVE  
APT 2103  
TAMPA, FL 33611 US

**FEI Number:** 85-0494811

**Certificate of Status Desired:** No

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

COPPOLA, ANTHONY  
4711 S. HIMES AVE.  
APT. 2103  
TAMPA, FL 33611 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 COPPOLA, ANTHONY  
Address 4711 S. HIMES AVE.  
APT. 2103  
City-State-Zip: TAMPA FL 33611

*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:** ANTHONY COPPOLA

**PRESIDENT**

**05/01/2022**

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

\_\_\_\_\_  
Date