

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000093586

**Entity Name:** ALTERNATIVE INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

6604 ENSOR COURT  
FORT MYERS, FL 33966

**Current Mailing Address:**

6604 ENSURE COURT  
FORT MYERS, FL 33966 US

**FEI Number: 85-0587385**

**Certificate of Status Desired: No**

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

GARMAN, VICTOR C  
6604 ENSURE COURT  
FORT MYERS, FL 33966 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            GARMAN, VICTOR C  
Address        6604 ENSURE COURT  
City-State-Zip: FORT MYERS FL 33966

*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: VICTOR GARMAN**

**AMBR**

**01/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date