

2022 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

OWNER

01/25/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date