

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000396131

**Entity Name:** CHRIS BROWN INSURANCE CONSULTANTS, LLC

**Current Principal Place of Business:**

1121 SIRUS TRAIL  
SARASOTA, FL 34232

**Current Mailing Address:**

1121 SIRUS TRAIL  
SARASOTA, FL 34232 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BROWN, CHRISTOPHER L  
1121 SIRUS TRAIL  
SARASOTA, FL 34232 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 BROWN, CHRISTOPHER L  
Address 1121 SIRUS TRAIL  
City-State-Zip: SARASOTA FL 34232

*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 L BROWN

MANAGER

03/19/2021

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

\_\_\_\_\_ Date