

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000067555

**Entity Name:** TD INSURANCE SOLUTIONS LLC

**Current Principal Place of Business:**

200 S HARBOR CITY BLVD  
500  
MELBOURNE, FL 32901

**Current Mailing Address:**

200 S HARBOR CITY BLVD  
500  
MELBOURNE, FL 32901

**FEI Number: 86-2648000**

**Certificate of Status Desired: No**

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

DENTE, TAYLOR  
200 S HARBOR CITY BLVD  
500  
MELBOURNE, FL 32901 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 DENTE, TAYLOR  
Address 200 S HARBOR CITY BLVD  
City-State-Zip: MELBOURNE FL 32904

*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: TAYLOR DENTE**

**MANAGER**

**03/10/2022**

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

\_\_\_\_\_  
Date