2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2025
Secretary of State
1316178392CC

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Entity Name: INSURANCE AGENT SOLUTIONS LLC

Current Principal Place of Business:

4905 WEST SAN RAFAEL STREET
TAMPA, FL 33629

Current Mailing Address:

4905 WEST SAN RAFAEL STREET
TAMPA, FL 33629 US

FEI Number: 87-1761708

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAYNE, ROBERT J
4905 WEST SAN RAFAEL STREET
TAMPA, FL 33629 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	LAYNE, ROBERT
Address	4905 WEST SAN RAFAEL STREET
City-State-Zip:	TAMPA FL 33629

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: ROBERT LAYNE OWNER 03/04/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date