

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000456841

**Entity Name:** HIMES INSURANCE SERVICES LLC

**Current Principal Place of Business:**

105 SPRING GLEN DR  
DEBRY, FL 32713

**Current Mailing Address:**

105 SPRING GLEN DR  
DEBRY, FL 32713 US

**FEI Number:** 87-3732337

**Certificate of Status Desired:** No

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

HIMES, MELVIN F III  
105 SPRING GLEN DR  
DEBARY, FL 32713 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                 | Title           | MGR                |
| Name            | HIMES, MELVIN F III | Name            | HIMES, REBECCA A   |
| Address         | 105 SPRING GLEN DR  | Address         | 105 SPRING GLEN DR |
| City-State-Zip: | DEBARY FL 32713     | City-State-Zip: | DEBARY FL 32713    |

*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:** HIMES , MELVIN F , III

**MGR**

**04/20/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date