

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000048327

Entity Name: COMP INSURANCE SOLUTIONS LLC

Current Principal Place of Business:

30190 US HIGHWAY 19N
#1115
CLEARWATER, FL 33761

Current Mailing Address:

30190 US HIGHWAY 19N
#1115
CLEARWATER, FL 33761

FEI Number: 87-4723164

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIRACUSA, KARA V
3670 ARBOR CHASE DRIVE
PALM HARBOR, FL 34683 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 JENKINS, HANNAH
Address 1709 OVERVIEW DRIVE
City-State-Zip: NEW PORT RICHEY FL 34655

Title MGR
Name JONES, LINDA
Address 2382 TIMBERCREST CIRCLE S
City-State-Zip: CLEARWATER FL 33763

Title MGR
Name SIRACUSA, JEN
Address 2891 ARMADILLO DRIVE
City-State-Zip: PALM HARBOR FL 34683

Title MGR
Name SIRACUSA, KARA
Address 3670 ARBOR CHASE DRIVE
City-State-Zip: PALM HARBOR FL 34683

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: KARA SIRACUSA

MGR

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date