

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000129971

**Entity Name:** M3 INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

315 E. ROBINSON STREET, SUITE 600  
ORLANDO, FL 32801

**Current Mailing Address:**

PO BOX 1263  
ORLANDO, FL 32803-1263

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ZKS REGISTERED AGENT SERVICES, LLC  
315 E. ROBINSON STREET, SUITE 600  
ORLANDO, FL 32801 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 M3 HRO II, LLC  
Address PO BOX 1263  
City-State-Zip: ORLANDO FL 32803-1263

Title AR  
Name ROBBINSON, WILLIAM H JR.  
Address 315 E ROBINSON STREET, SUITE 600  
City-State-Zip: ORLANDO FL 32801

*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:** M3 HRO II, LLC

**MANAGER**

**04/21/2023**

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

\_\_\_\_\_  
Date