## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000010395

Entity Name: AUTOQUOTES, LLC

**Current Principal Place of Business:** 

8800 BAYMEADOWS WAY W., SUITE 500

JACKSONVILLE, FL 32256

**Current Mailing Address:** 

8800 BAYMEADOWS WAY W., SUITE 500 JACKSONVILLE, FL 32256

FEI Number: 84-0731031 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: PETER TRAWINSKI 04/08/2021

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title **CFO** Title CEO

ASCHE, RYAN Name Name CONTARDI, JAMES

Address 8800 BAYMEADOWS WAY W., SUITE Address 8800 BAYMEADOWS WAY W., SUITE

City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256

Title CHIEF TECHNOLOGY OFFICER Title CHIEF PRODUCT OFFICER

Name FARR, ERIC Name KUO, MATT

8800 BAYMEADOWS WAY W., SUITE Address Address 8800 BAYMEADOWS WAY W., SUITE

JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip:

Title CHIEF CUSTOMER OFFICER

Name STONE, EDWARD

8800 BAYMEADOWS WAY W., SUITE Address

City-State-Zip: JACKSONVILLE FL 32256

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.

04/08/2021 SIGNATURE: RYAN ASCHE **CFO** 

**FILED** Apr 08, 2021

**Secretary of State** 

1664461177CC

Date