

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000117911

**Entity Name:** MARC D. GOLDMAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

8162 W MCNAB RD  
NORTH LAUDERDALE, FL 33068

**Current Mailing Address:**

8162 W MCNAB RD  
NORTH LAUDERDALE, FL 33068

**FEI Number:** 65-1159712

**Certificate of Status Desired:** No

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

GOLDMAN, MARC D  
8162 W MCNAB RD  
NORTH LAUDERDALE, FL 33068 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

**Officer/Director Detail :**

Title	S	Title	P
Name	GOLDMAN, SAMIRA J	Name	GOLDMAN, MARC D
Address	11765 EASTLAKE CT	Address	11765 EASTLAKE CT
City-State-Zip:	PARKLAND FL 33076	City-State-Zip:	PARKLAND FL 33076

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARC D GOLDMAN

**AGENT/OWNER**

**01/11/2021**

Electronic Signature of Signing Officer/Director Detail

Date