

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000103995

Entity Name: ELM CITY INSURANCE SERVICES INC

Current Principal Place of Business:

1 SLEIMAN PARKWAY
SUITE 130
JACKSONVILLE, FL 32216

Current Mailing Address:

1 SLEIMAN PARKWAY
SUITE 130
JACKSONVILLE, FL 32216 US

FEI Number: 27-4649127

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWARTZ, MICHAEL
11215 CHESTER LAKE RD W
JACKSONVILLE, FL 32256 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 P
Name SCHWARTZ, MICHAEL
Address 11215 CHESTER LAKE RD W
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 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: MICHAEL SCHWARTZ

PRESIDENT

02/12/2024

Electronic Signature of Signing Officer/Director Detail

Date