

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000075959

Entity Name: EM INSURANCE SERVICES INC

Current Principal Place of Business:

1 SW 129TH AVE
107
PEMBROKE PINES, FL 33027

Current Mailing Address:

1 SW 129TH AVE
107
PEMBROKE PINES, FL 33027 US

FEI Number: 83-1855001

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ORTA, ELIZABETH M
5461 SW 162ND CT
MIAMI, FL 33185 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 ORTA, ELIZABETH M
Address 5461 SW 162ND CT
City-State-Zip: MIAMI FL 33185

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: ELIZABETH ORTA

PRESIDENT

01/08/2019

Electronic Signature of Signing Officer/Director Detail

Date