

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000033863

**Entity Name:** QM INSURANCE SOLUTIONS INC

**Current Principal Place of Business:**

1321 SUMMERTREE CT  
LONGWOOD, FL 32750

**Current Mailing Address:**

1321 SUMMERTREE CT  
LONGWOOD, FL 32750

**FEI Number: 83-4529671**

**Certificate of Status Desired: No**

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

LEAHEY, LORI  
1321 SUMMERTREE CT  
LONGWOOD, FL 32750 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            LEAHEY, LORI  
Address        1321 SUMMERTREE CT  
City-State-Zip: LONGWOOD FL 32750

*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: LORI LEAHEY**

**PRESIDENT**

**04/19/2024**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date