

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000085788

**Entity Name:** MENH INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

3303 W COMMERCIAL BLVD  
SUITE 190  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

3303 W COMMERCIAL BLVD  
SUITE 190  
FORT LAUDERDALE, FL 33309

**FEI Number:** 87-2953119

**Certificate of Status Desired:** No

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

NICHOLSBERG, ERIC  
3303 W COMMERCIAL BLVD  
SUITE 190  
FORT LAUDERDALE, FL 33309 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 NICHOLSBERG, ERIC  
Address 3303 W COMMERCIAL BLVD, SUITE  
190  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** ERIC NICHOLSBERG

P

04/28/2025

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

\_\_\_\_\_  
Date