

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000004334

**Entity Name:** LLEB AGENT SERVICES, INC

**Current Principal Place of Business:**

111 N. MAGNOLIA AVENUE  
SUITE 1400  
ORLANDO, FL 32801

**Current Mailing Address:**

111 N. MAGNOLIA AVENUE  
SUITE 1400  
ORLANDO, FL 32801 US

**FEI Number:** 59-3352940

**Certificate of Status Desired:** No

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

LATHAM, PETER G  
111 N. MAGNOLIA AVENUE  
SUITE 1400  
ORLANDO, FL 32801 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 PDTS  
Name LATHAM, PETER G  
Address 111 N. MAGNOLIA AVENUE, STE. 1400  
City-State-Zip: ORLANDO FL 32801

Title VD  
Name MILVAIN, LORI T  
Address 111 N. MAGNOLIA AVENUE, STE. 1400  
City-State-Zip: ORLANDO FL 32801

Title VD  
Name LUNA, JUSTIN M.  
Address 111 N. MAGNOLIA AVENUE  
SUITE 1400  
City-State-Zip: ORLANDO FL 32801

Title V  
Name KNAPP, BRUCE D.  
Address 111 N. MAGNOLIA AVENUE  
SUITE 1400  
City-State-Zip: ORLANDO FL 32801

*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:** PETER G. LATHAM

**PRESIDENT**

**03/17/2021**

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

\_\_\_\_\_  
Date