

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054682

Entity Name: MEMBERS INSURANCE CENTER, LLC**Current Principal Place of Business:**6810 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610**Current Mailing Address:**P.O. BOX 11709
TAMPA, FL 33680 US**FEI Number:** 20-1399753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOSCINSKI, DANIELLE
6810 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610 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:** DANIELLE MOSCINSKI

02/19/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LOVETT, VICTORIA G
Address 6801 E HILLSBOROUGH AVE
City-State-Zip: TAMPA FL 33610

Title MGR
Name MCKAY-BASS, MELVA
Address 6801 E. HILLSBOROUGH AVENUE
City-State-Zip: TAMPA FL 33610

Title MGR
Name JOHNSON, KEVIN D
Address 6801 E. HILLSBOROUGH AVENUE
City-State-Zip: TAMPA FL 33610

Title MANAGER
Name ODE, ZAMIR L
Address 6801 E. HILLSBOROUGH AVENUE
City-State-Zip: TAMPA FL 33610

Title MANAGER
Name RUSSELL, MONA
Address 6810 E. HILLSBOROUGH AVENUE
City-State-Zip: TAMPA FL 33610

Title MGR
Name JOHNSON, DARLENE
Address 6810 E. HILLSBOROUGH AVENUE
City-State-Zip: TAMPA FL 33610

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MONA RUSSELL

VICE PRESIDENT

02/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date