

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000078673

**Entity Name:** AI INSURANCE, LLC

**Current Principal Place of Business:**

2020 W. BRANDON BLVD  
SUITE 115  
BRANDON, FL 33511

**Current Mailing Address:**

2020 W. BRANDON BLVD  
SUITE 115  
BRANDON, FL 33511 US

**FEI Number:** 20-5350160

**Certificate of Status Desired:** No

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

IFASI, ANTHONY JR  
2020 W. BRANDON BLVD  
SUITE 115  
BRANDON, FL 33511 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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name           IFASI, ANTHONY JR.  
Address        2020 W. BRANDON BLVD, STE 115  
City-State-Zip: BRANDON FL 33511

*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:** ANTHONY IFASI JR

**PRESIDENT**

**01/22/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date