

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093002

Entity Name: AMERICAN INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

2840 WEST BAY AVE
SUITE 265
BELLEAIR BLUFFS, FL 33770

Current Mailing Address:

619 PINELAND AVE
BELLEAIR, FL 33767 US

FEI Number: 20-0872718

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AIDE, THOMAS H
2840 WEST BAY AVE
SUITE 265
BELLEAIR BLUFFS, FL 33770 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: THOMAS H . AIDE

05/01/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name AIDE, THOMAS H
Address 140 ISLAND WAY , SUITE 212
City-State-Zip: CLEARWATER FL 33767

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: THOMAS H.AIDE

MGRM

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date