

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000093002

**Entity Name:** AMERICAN INSURANCE CONSULTANTS, LLC

**Current Principal Place of Business:**

619 PINELAND AVE  
BELLEAIR , FL 33756

**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  
621 LAKEVIEW ROAD  
SUITE B  
CLEARWATER, FL 33756 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

04/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name AIDE, THOMAS H  
Address 621 LAKEVIEW ROAD  
SUITE B  
City-State-Zip: CLEARWATER FL 33756

*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

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date