#### **2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000093002

Entity Name: AMERICAN INSURANCE CONSULTANTS, LLC

FILED
Oct 06, 2022
Secretary of State
1684923489CR

# **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 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 10/06/2022

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

Electronic Signature of Signing Authorized Person(s) Detail

10/06/2022 Date