

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081274

**Entity Name:** D&M INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

2625 MCCORMICK DRIVE  
SUITE 104  
CLEARWATER, FL 33759

**Current Mailing Address:**

2625 MCCORMICK DRIVE  
SUITE 104  
CLEARWATER, FL 33759

**FEI Number:** 26-3258685

**Certificate of Status Desired:** No

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

CIANFRONE, JOSEPH RESQ.  
1964 BAYSHORE BLVD.  
DUNEDIN, FL 34698 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 MGRM  
Name COX, WILLIAM D  
Address 5041 VALENCIA LANE EAST  
City-State-Zip: PALM HARBOR FL 34684

Title MGRM  
Name RYAN, MICHAEL P  
Address 1727 MAIN STREET  
City-State-Zip: SAFETY HARBOR FL 34695

*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:** WILLIAM D. COX

MGRM

01/20/2015

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

\_\_\_\_\_  
Date