

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000117094

Entity Name: PEOPLES FIRST INSURANCE SERVICES, LLC**Current Principal Place of Business:**1022 WEST 23RD STREET
SUITE 800
PANAMA CITY, FL 32405**Current Mailing Address:**1022 WEST 23RD STREET
SUITE 800
PANAMA CITY, FL 32405 US**FEI Number:** 26-4423801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PENNY, DANIELLE
1022 WEST 23RD STREET
SUITE 800
PANAMA CITY, FL 32405 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:** DANIELLE PENNY

01/11/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CHAPMAN, KRISTIAN BPRES
Address 1022 W. 23RD ST. SU 800
City-State-Zip: PANAMA CITY FL 32405

Title SVP
Name PENNY, DANIELLE M
Address 1022 W. 23RD ST., SU 800
City-State-Zip: PANAMA CITY FL 32405

Title MEMB
Name CHAPMAN, JOSEPH FIII
Address 1022 WEST 23RD STREET
STE 800
City-State-Zip: PANAMA CITY FL 32405

Title MEMB
Name CHAPMAN, DAVID
Address 1022 WEST 23RD STREET
SUITE 800
City-State-Zip: PANAMA CITY FL 32405

Title MEMB
Name CHAPMAN-CLEMO, MARY MARIE E
Address 1022 WEST 23RD STREET
STE 800
City-State-Zip: PANAMA CITY FL 32405

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: DANIELLE PENNY**AGENCY MANAGER**

01/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date