

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000061639

Entity Name: BURRI INSURANCE, LLC

Current Principal Place of Business:

2708 US HWY ALT 19 N
SUITE 604-6
PALM HARBOR, FL 34683

Current Mailing Address:

P.O. BOX 1344
PALM HARBOR, FL 34682 US

FEI Number: 27-0487659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURRI, DEAN
16445 COLLINS AVE WS1B
SUNNY ISLES BEACH, FL 33160 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: DEAN BURRI

04/09/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name BURRI, DEAN
Address 2708 US HWY ALT 19 N
SUITE 604-6
City-State-Zip: PALM HARBOR FL 34683

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: DEAN BURRI

MGRM

04/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date