

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000091924

**Entity Name:** AEVO INSURANCE SERVICES, LLC**Current Principal Place of Business:**101 EDGEWATER DRIVE  
SUITE 260  
WAKEFIELD, MA 01880**Current Mailing Address:**300 NORTH BEACH STREET  
DAYTONA BEACH, FL 32114 US**FEI Number:** 27-3371606**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MANAGER
Name	BROWN, P. BARRETT
Address	101 EDGEWATER DRIVE SUITE 260
City-State-Zip:	WAKEFIELD MA 01880

Title	MEMBER
Name	ADVOCATOR GROUP HOLDING COMPANY, INC.
Address	300 NORTH BEACH STREET
City-State-Zip:	DAYTONA BEACH FL 32114

Title	AUTHORIZED PERSON
Name	WATTS, RICHARD ANDREW
Address	300 NORTH BEACH STREET
City-State-Zip:	DAYTONA BEACH FL 32114

*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:** RICHARD ANDREW WATTS

AUTHORIZED PERSON

04/23/2021

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