

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000126586

Entity Name: SOUTH POINTE INSURANCE SERVICES, LLC

Current Principal Place of Business:

1444 BLOOMINGDALE AVE
VALRICO, FL 33596

Current Mailing Address:

1444 BLOOMINGDALE AVE
VALRICO, FL 33596 US

FEI Number: 27-4232638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTS, RICHARD
509 EAST JACKSON STREET
TAMPA, FL 33602 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 SMOLEN, MICHAEL
Address 1444 BLOOMINGDALE AVE
City-State-Zip: VALRICO FL 33596

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: MICHAEL SMOLEN

MGRM

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date