

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000126586

**Entity Name:** SOUTH POINTE INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

16637 FISHHAWK BLVD SUITE 104  
LITHIA, FL 33547

**Current Mailing Address:**

16637 FISHHAWK BLVD SUITE 104  
LITHIA, FL 33547 US

**FEI Number:** APPLIED FOR

**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 16637 FISHHAWK BLVD SUITE 104  
City-State-Zip: LITHIA FL 33547

*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

MGR

02/21/2019

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

\_\_\_\_\_ Date