

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000131695

**Entity Name:** DIVINE INSURANCE SOLUTIONS LLC

**Current Principal Place of Business:**

124 LARRY RD  
LAKELAND, FL 33809

**Current Mailing Address:**

124 LARRY RD  
LAKELAND, FL 33809 US

**FEI Number:** 27-4405147

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAMILTON, MARK  
124 LARRY RD  
LAKELAND, FL 33809 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 HAMILTON, MARK  
Address 124 LARRY RD  
City-State-Zip: LAKELAND FL 33809

*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:** HAMILTON, MARK

**OWNER**

**01/24/2023**

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

\_\_\_\_\_  
Date