

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000015120

**Entity Name:** INSURANCE SOLUTIONS OF THE TREASURE COAST LLC

**Current Principal Place of Business:**

1803 S 25TH STREET STE. #2  
FORT PIERCE, FL 34947

**Current Mailing Address:**

1803 S 25TH STREET STE. #2  
FORT PIERCE, FL 34947 US

**FEI Number:** 45-4422701

**Certificate of Status Desired:** No

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

VEGA, SUSAN MARIE  
7904 CITRUS PARK BLVD  
FORT PIERCE, FL 34951 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 VEGA, SUSAN MARIA  
Address 7904 CITRUS PARK BLVD  
City-State-Zip: FORT PIERCE FL 34951

*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:** SUSAN MARIE VEGA

**OWNER**

**01/17/2018**

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

\_\_\_\_\_  
Date