

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000017843

**Entity Name:** DRH INSURANCE SERVICES LLC

**Current Principal Place of Business:**

7855 ARGYLE FOREST BOULEVARD  
SUITE #402  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

7855 ARGYLE FOREST BOULEVARD  
SUITE #402  
JACKSONVILLE, FL 32244 US

**FEI Number:** 46-1964379

**Certificate of Status Desired:** Yes

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

HARRIS, SUSAN D  
7855 ARGYLE FOREST BOULEVARD  
SUITE 404  
JACKSONVILLE, FL 32244 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 HARRIS, SUSAN D  
Address 8962 WINDING VINE DRIVE W  
City-State-Zip: JACKSONVILLE FL 32244

Title MGRM  
Name HARRIS, RICHARD E  
Address 8962 WINDING VINE DRIVE W  
City-State-Zip: JACKSONVILLE FL 32244

Title MANAGER  
Name TOWNSEND, EARNESTEEN  
Address 7855 ARGYLE FOREST BOULEVARD  
SUITE #402  
City-State-Zip: JACKSONVILLE FL 32244

*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 DEBORAH HARRIS

**MANAGER**

**01/05/2022**

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

\_\_\_\_\_  
Date