

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000005314

Entity Name: ELEMENTARY INSURANCE AGENCY, LLC**Current Principal Place of Business:**1101 E CUMBERLAND AVE
TAMPA, FL 33602**Current Mailing Address:**1101 E CUMBERLAND AVE
TAMPA, FL 33602 US**FEI Number:** 35-2495116**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GARNER, THOMAS
1101 E CUMBERLAND AVE
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:** THOMAS GARNER

02/11/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR/MGR
Name ADHIA, HITESH "JOHN"
Address 1101 E CUMBERLAND AVE
City-State-Zip: TAMPA FL 33602

Title MANAGER
Name GARNER, THOMAS
Address 1101 E. CUMBERLAND AVE
SUITE 300
City-State-Zip: TAMPA FL 33602

Title MANAGER
Name MELLON, CHRISTINE
Address 1101 E CUMBERLAND AVE
City-State-Zip: TAMPA FL 33602

Title MANAGER
Name WILLIAMS, LEWIS
Address 1101 E CUMBERLAND AVE
City-State-Zip: TAMPA FL 33602

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: CHRISTINE MELLON

MANAGER

02/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date