

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000049439

Entity Name: ONYX INSURANCE LLC

Current Principal Place of Business:

12019 WANDSWORTH DRIVE
TAMPA, FL 33626

Current Mailing Address:

12019 WANDSWORTH DRIVE
TAMPA, FL 33626 US

FEI Number: 47-3481794

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAPPAS, GEORGE G
1822 NORTH BELCHER ROAD
UNIT 200
CLEARWATER, FL 33765 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 AMBR
Name AMAAN, CHANDRANI
Address 2156 34TH STREET SOUTH
City-State-Zip: SAINT PETERSBURG FL 33711

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: AMAAN CHANDRANI

AMBR

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date