

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000140303

Entity Name: RELIANT INSURANCE SERVICES, LLC

Current Principal Place of Business:

4114 WOODLANDS PKWY
SUITE 303C
PALM HARBOR, FL 34685

Current Mailing Address:

4114 WOODLANDS PKWY
SUITE 303C
PALM HARBOR, FL 34685 US

FEI Number: 81-3393694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOOMER, JONATHAN H
2952 WENTWORTH WAY
TARPON SPRINGS, FL 34688 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	PRESIDENT	Title	VP
Name	TOOMER, JONATHAN HILTON	Name	TOOMER, LAURIE ANN-CRISORIO
Address	2952 WENTHWORTH WAY	Address	2952 WENTHWORTH WAY
City-State-Zip:	TARPON SPRINGS FL 34688	City-State-Zip:	TARPON SPRINGS FL 34688

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: JONATHAN TOOMER

PRESIDENT

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date