

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000140303

**Entity Name:** RELIANT INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

13119 W LINEBAUGH AVE  
SUITE 102  
TAMPA, FL 33626

**FILED**  
**Feb 01, 2021**  
**Secretary of State**  
**5134637018CC**

**Current Mailing Address:**

13119 W LINEBAUGH AVE  
SUITE 102  
TAMPA, FL 33626 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**

**02/01/2021**

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

\_\_\_\_\_  
Date