

2019 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

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
14680 CANOPY DRIVE
TAMPA, FL 33626 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 MGR
Name TOOMER, JONATHAN H
Address 14680 CANOPY DRIVE
City-State-Zip: TAMPA FL 33626

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

MANAGING PARTNER

02/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date