

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000174559

Entity Name: COLLIER INSURANCE SERVICES, LLC

Current Principal Place of Business:

3401 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103

Current Mailing Address:

3401 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103

FEI Number: 81-3899355

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOVATT, JEFF ESQ.
1415 PANTHER LANE
SUITE 327
NAPLES, FL 34109 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 KASTROLL, WILLIAM H
Address 3401 TAMIAMI TRAIL NORTH, SUITE
210
City-State-Zip: NAPLES FL 34103

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: WILLIAM H. KASTROLL

MGR

01/20/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date