

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000189521

**Entity Name:** NATIONAL LICENSED INSURANCE ADVISORS LLC

**Current Principal Place of Business:**

9791 NW 21ST MNR  
SUNRISE, FL 33322

**Current Mailing Address:**

9791 NW 21ST MNR  
SUNRISE, FL 33322

**FEI Number: 81-4134548**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RAPHAEL, CHISLYNE  
9791 NW 21ST MNR  
SUNRISE, FL 33322 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	Title	MGR
Name	RAPHAEL, CHISLYNE	Name	SOLOMON, SHANEL
Address	9791 NW 21ST MNR	Address	2350 NW 179TH TERRACE
City-State-Zip:	SUNRISE FL 33322	City-State-Zip:	MIAMI GARDENS FL 33056

*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: SHANEL SOLOMON**

**OWNER**

**05/05/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date