

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000190535

Entity Name: CUSTOM INSURANCE, LLC

Current Principal Place of Business:

7750 OKEECHOBEE BLVD
SUITE #4-552
WEST PALM BC, FL 33411

Current Mailing Address:

7750 OKEECHOBEE BLVD
SUITE #4-552
WEST PALM BC, FL 33411 US

FEI Number: 81-4673403

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DONNELLY, JASON A
7750 OKEECHOBEE BLVD
SUITE #4-552
WEST PALM BC, FL 33411 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 DONNELLY, JASON A
Address 7750 OKEECHOBEE BLVD
#314B
City-State-Zip: WEST PALM BC FL 33411

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: DONNELLY, JASON A

MANAGER

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date