

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000057113

Entity Name: WATSON INSURANCE SERVICES, LLC

Current Principal Place of Business:

3871 N LECANTO HWY
BEVERLY HILLS, FL 34465

Current Mailing Address:

335 S POINSETTIA TER
CRYSTAL RIVER, FL 34429

FEI Number: 82-0810126

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON, SUSAN J
335 S POINSETTIA TER
CRYSTAL RIVER, FL 34429 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 WATSON, SUSAN J
Address 335 S POINSETTIA TER
City-State-Zip: CRYSTAL RIVER FL 34429

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: SUSAN WATSON

MANAGING MEMBER

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date