

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000057113

**Entity Name:** WATSON INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

335 S POINSETTIA TER  
CRYSTAL RIVER, FL 34429

**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**

**04/06/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date