

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000103523

**Entity Name:** INDEPENDENCE ASSISTANCE LLC

**Current Principal Place of Business:**

795 NW 127TH AVE  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

795 NW 127TH AVE  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 82-1610794

**Certificate of Status Desired:** No

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

CASIMIR, FLEMENS CEO  
795 NW 127TH AVE  
CORAL SPRINGS, FL 33071 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 CASIMIR, FLEMENS  
Address 795 NW 127TH AVE  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** FLEMENS CASIMIR

CEO

01/13/2020

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

\_\_\_\_\_  
Date