

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000162416

Entity Name: BAY INSURANCE SPECIALISTS, LLC

Current Principal Place of Business:

4729 W. BAY AVENUE
TAMPA, FL 33616

Current Mailing Address:

4729 W. BAY AVENUE
TAMPA, FL 33616 US

FEI Number: 82-3167713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOLTZ, DANIEL L
4729 W. BAY AVENUE
TAMPA, FL 33616 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 FOLTZ, DANIEL L
Address 4729 W BAY AVE
City-State-Zip: TAMPA FL 33616

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: DANIEL FOLTZ

MGR

01/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date