

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000074592

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

**Current Principal Place of Business:**

155 SOUTH COURT AVE  
UNITE 2502  
ORLANDO, FL 32801

**Current Mailing Address:**

424 E CENTRAL BLVD  
STE 423  
ORLANDO, FL 32801 US

**FEI Number:** 82-4948755

**Certificate of Status Desired:** No

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

MCDONALD, JONATHAN P  
155 SOUTH COURT AVE  
UNITE 2502  
ORLANDO, FL 32801 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            AMBR  
Name            MCDONALD, JONATHAN P  
Address        155 SOUTH COURT AVE UNIT 2502  
City-State-Zip: ORLANDO FL 32801

*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:** JONATHAN P MCDONALD

**AUTHORIZED MEMBER**

**03/07/2019**

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

\_\_\_\_\_  
Date