# 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

AMBR

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS D'ANGELO

Electronic Signature of Signing Authorized Person(s) Detail

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L18000076428

# Entity Name: DIRECT TO CONSUMER INSURANCE SERVICES, LLC

# **Current Principal Place of Business:**

1456 MARJOHN AVE CLEARWATER. FL 33756

### **Current Mailing Address:**

1456 MARJOHN AVE CLEARWATER, FL 33756 US

## FEI Number: 82-4922072

# Name and Address of Current Registered Agent:

D'ANGELO, NICHOLAS V . 1456 MARJOHN AVE CLEARWATER, FL 33756 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: NICHOLAS V D'ANGELO

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

| Title           | AMBR                 |
|-----------------|----------------------|
| Name            | D'ANGELO, NICHOLAS V |
| Address         | 1456 MARJOHN AVE     |
| City-State-Zip: | CLEARWATER FL 33756  |

FILED Mar 02, 2020 Secretary of State 7583580993CC

Certificate of Status Desired: No

03/02/2020

03/02/2020 Date

Date