2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2024
Secretary of State
3086349540CC

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Entity Name: NEWCOAST INSURANCE SERVICES, LLC

Current Principal Place of Business:

2600 MCCORMICK DR
STE 200
CLEARWATER, FL 33759

Current Mailing Address:

2600 MCCORMICK DRIVE SUITE 200
STE 200
CLEARWATER, FL 33759 US

FEI Number: 83-1899064

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	Title	MGR
Name	MCLAMB, MICHAEL	Name	MCGILL, W. BRETT
Address	2600 MCCORMICK DRIVE SUITE 200 STE 200	Address	2600 MCCORMICK DRIVE SUITE 200 STE 200
City-State-Zip:	CLEARWATER FL 33759	City-State-Zip:	CLEARWATER FL 33759
Title	MGR	Title	MGR
Name	CASHMAN, CHARLES	Name	CASSELLA, ANTHONY
Address	2600 MCCORMICK DRIVE SUITE 200 STE 200	Address	2600 MCCORMICK DRIVE SUITE 200 STE 200
City-State-Zip:	CLEARWATER FL 33759	City-State-Zip:	CLEARWATER FL 33759

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: MICHAEL MCLAMB MANAGER 02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date