

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000077852

**Entity Name:** BATES INSURANCE SERVICES LLC

**Current Principal Place of Business:**

581 E STATE RD 434  
STE 2000  
LONGWOOD, FL 32750

**Current Mailing Address:**

581 E STATE RD 434  
STE 2000  
LONGWOOD, FL 32750 US

**FEI Number:** 83-3577875

**Certificate of Status Desired:** No

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

BATES, ASHLEY E  
581 E STATE RD 434  
STE 2000  
LONGWOOD, FL 32750 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 AR  
Name BATES, ASHLEY E  
Address 581 E STATE RD 434  
City-State-Zip: LONGWOOD FL 32750

*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:** ASHLEY BATES

**PRESIDENT**

**07/01/2020**

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

\_\_\_\_\_  
Date