

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000078340

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

**Current Principal Place of Business:**

1112 S NOVA RD  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

1112 S NOVA RD  
ORMOND BEACH, FL 32174 UN

**FEI Number:** 83-4285731

**Certificate of Status Desired:** Yes

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

WESTON, AMANDA E  
1112 S NOVA RD  
ORMOND BEACH, FL 32174 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:** AMANDA E WESTON

06/15/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WESTON, AMANDA E  
Address 1112 S NOVA RD  
City-State-Zip: ORMOND BEACH FL 32174

*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:** AMANDA E WESTON

OWNER

06/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date