

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000149448

Entity Name: QUALIFY ME INSURANCE LLC

Current Principal Place of Business:

6421 N FLORIDA AVE
STE D #1075
TAMPA, FL 33604

Current Mailing Address:

6421 N. FLORIDA AVE
STE D #1075
TAMPA, FL 33604 US

FEI Number: 02-1212122

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEJOHN, ERIC
6421 N. FLORIDA AVE
STE D #1075
TAMPA, FL 33604 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
Name DEJOHN, ERIC
Address 6421 N. FLORIDA AVE
STE D #1075
City-State-Zip: TAMPA FL 33604

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: ERIC DEJOHN

OWNER

06/24/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date