

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000168942

**Entity Name:** BIRD INSURANCE SERVICES LLC

**Current Principal Place of Business:**

516 SE 17TH ST  
OCALA, FL 34471

**Current Mailing Address:**

516 SE 17TH ST  
OCALA, FL 34471 US

**FEI Number:** 84-2433585

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO, FL 32822 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	BIRD, DAVID W	Name	MURPHY, PATRICK J
Address	516 SE 17TH ST	Address	516 SE 17TH ST
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471

*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:** PATRICK MURPHY

**MGR**

**02/17/2023**

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

\_\_\_\_\_  
Date