

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000233397

Entity Name: PHYSICIANS' ARMOR INSURANCE SERVICES, LLC

Current Principal Place of Business:

2653 BRUCE B. DOWNS BLVD.
#108-160
WESLEY CHAPEL, FL 33544

Current Mailing Address:

2653 BRUCE B. DOWNS BLVD
#108-160
WESLEY CHAPEL, FL 33544 US

FEI Number: 61-1951429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KENT, KRISTON M.D.
32391 CAROLINES PATH
DADE CITY, FL 33525 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	KENT, KRISTON J MD	Name	ADLER, STEVEN I
Address	32391 CAROLINES PATH	Address	9300 NW 14TH STREET
City-State-Zip:	DADE CITY FL 33525	City-State-Zip:	PEMBROKE PINES FL 33024

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: KRISTON J KENT

MGR

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date