

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000254257

**Entity Name:** BAD ASS INSURANCE LEADS, LLC

**Current Principal Place of Business:**

15019 PURPLE MARTIN ST.  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

15019 PURPLE MARTIN ST.  
WINTER GARDEN, FL 34787 US

**FEI Number:** 85-2774762

**Certificate of Status Desired:** No

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

DUSTIN, DETORRES  
15019 PURPLE MARTIN ST.  
WINTER GARDEN, FL 34787 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:** DUSTIN DETORRES

10/05/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DETORRES, DUSTIN F  
Address 15019 PURPLE MARTIN ST.  
City-State-Zip: WINTER GARDEN FL 34787

*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:** DUSTIN DETORRES

MGR

10/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date