2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2023
Secretary of State
6401716633CC

DOCUMENT# L22000363130

Entity Name: TRUE SOURCE INSURANCE AGENCY LLC

Current Principal Place of Business:

50 NE 26TH AVE
SUITE 204
POMPANO BEACH, FL 33062

Current Mailing Address:

50 NE 26TH AVE
SUITE 204
POMPANO BEACH, FL 33062 US

FEI Number: 88-3844696

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAL, SHABAN
50 NE 26TH AVE
SUITE 204
POMPANO BEACH, FL 33062 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	AMBR	Title	AMBR
Name	LABELLA, PETER	Name	BATTISTA, MICHAEL
Address	1200 N FEDERAL HWY SUITE 315	Address	1200 N FEDERAL HWY SUITE 315
City-State-Zip:	BOCA RATON FL 33432	City-State-Zip:	BOCA RATON FL 33432
Title	AMBR	Title	AMBR
Name	BAL, SHABAN	Name	BUSCARELLO, JOHN
Address	50 NE 26TH AVE SUITE 204	Address	1200 N FEDERAL HWY SUITE 315
City-State-Zip:	POMPANO BEACH FL 33062	City-State-Zip:	BOCA RATON FL 33432

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: PETER LABELLA AMBR 01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date