2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2024
Secretary of State
4227887076CC

DOCUMENT# L22000363130

Entity Name: TRUE SOURCE INSURANCE AGENCY LLC

Current Principal Place of Business:

150 E SAMPLE RD
SUITE 210
POMPANO BEACH, FL 33064

Current Mailing Address:

150 E SAMPLE RD
SUITE 210
POMPANO BEACH, FL 33064 US

FEI Number: 88-3844696

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAL, SHABAN
150 E SAMPLE RD
SUITE 210
POMPANO BEACH, FL 33064 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	150 E SAMPLE RD SUITE 210	Address	1200 N FEDERAL HWY SUITE 315
City-State-Zip:	POMPANO BEACH FL 33064	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 01/17/2024

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