

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000434874

**Entity Name:** RESCOMX INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

600 1ST AVE N  
SUITE 200  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

P.O. BOX 1316  
ST. PETERSBURG, FL 33731 US

**FEI Number:** 88-4180398

**Certificate of Status Desired:** No

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

REGISTERED AGENTS, INC  
7901 4TH ST N  
SUITE 300  
ST. PETERSBURG, FL 33702 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:** DAVID ROBERTS

03/27/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DARREN BLOCK  
Address 2022 NORTH HOWARD AVENUE  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name BRETT I. HERMAN  
Address 2022 NORTH HOWARD AVENUE  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name MARHOLIN, GREGORY PRESIDENT  
Address P.O. BOX 1316  
City-State-Zip: ST. PETERSBURG FL 33731

Title MGR  
Name GILMORE, ROBERT CEO  
Address P.O. BOX 1316  
City-State-Zip: ST. PETERSBURG FL 33731

*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:** GREGORY MARHOLIN

MANAGER

03/27/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date