

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000456107

Entity Name: INSURANCE PRODUCTS AND SOLUTIONS,LLC

Current Principal Place of Business:

210 LASA DRIVE
206
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

PO BOX 4347
SAINT AUGUSTINE, FL 32084 US

FEI Number: 93-3808878

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHITE, THEODORE J
210 LASA DRIVE
APARTMENT 206
SAINT AUGUSTINE, FL 32084 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
Name WHITE, THEODORE J
Address 210 LASA DRIVE APARTMENT 206
City-State-Zip: SAINT AUGUSTINE FL 32084

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: THEODORE WHITE

MEMBER MANAGER

03/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date