

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001200

Entity Name: DISABILITY INSURANCE SPECIALISTS, LLC

Current Principal Place of Business:

1280 BLUE HILLS AVE.
SUITE 102
BLOOMFIELD, CT 06002

Current Mailing Address:

P.O. BOX 25
BLOOMFIELD, CT 06002 US

FEI Number: 06-1466211

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MGRM
Name BOSSI JR, WILLIAM J
Address 120 KIMBERLY RD
City-State-Zip: EAST GRANBY CT 06026

Title MGRM
Name VERNEY, ARTHUR J
Address 36 ABBOTT RD
City-State-Zip: ELLINGTON CT 06029

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: ARTHUR J. VERNEY

MANAGING MEMBER

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date