

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500006310

**Entity Name:** COMMUNITY FINANCIAL INSURANCE CENTER, L.L.C.

**Current Principal Place of Business:**

2201 FORSYTHE AVE  
MONROE, LA 71201

**Current Mailing Address:**

P O DRAWER 2006  
MONROE, LA 71201 US

**FEI Number: 86-1109226**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	PCEO	Title	CHIEF UNDERWRITING OFFICER
Name	MONTGOMERY, AYLMER E III	Name	GOLSON, KRISTINE S
Address	3806 DEBORAH DR	Address	2808 PARGOUD BLVD
City-State-Zip:	MONROE LA 71201	City-State-Zip:	MONROE LA 71201
Title	CFO	Title	ACCOUNTING MANAGER
Name	MOUK, JEFFREY O	Name	STEVENS, ALISSA
Address	1401 EMERSON ST	Address	2201 FORSYTHE AVE
City-State-Zip:	MONROE LA 71201	City-State-Zip:	MONROE LA 71201

*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: STEVENS, ALISSA**

**ACCOUNTING MANAGER 01/21/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date