#### **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000006502

Entity Name: PRESCIENT NATIONAL INSURANCE SERVICES, LLC

FILED
Jan 06, 2023
Secretary of State
1399006016CC

#### **Current Principal Place of Business:**

217 S.TRYON STREET CHARLOTTE. NC 28202

# **Current Mailing Address:**

217 S.TRYON STREET CHARLOTTE, NC 28202 US

FEI Number: 04-3718801 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CT 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: MCCONNAUGHHAY. JIM 01/06/2023

City-State-Zip:

CHARLOTTE NC 28202

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

Title CFO Title TS

NameGRANT, SCOTT HNameGRANT, SCOTT HAddress217 S.TRYON STREETAddress217 S.TRYON STREET

City-State-Zip: CHARLOTTE NC 28202

Title PRESIDENT

Name FLACHS, BRUCE A
Address 217 S.TRYON STREET

City-State-Zip: CHARLOTTE NC 28202

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: SCOTT GRANT CFO

Electronic Signature of Signing Authorized Person(s) Detail

01/06/2023 Date