

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000289733

Entity Name: FULLER BUILT INSURANCE LLC

Current Principal Place of Business:

4310 W SPRUCE ST
#439
TAMPA, FL 33607

Current Mailing Address:

4310 W SPRUCE ST
#439
TAMPA, FL 33607 US

FEI Number: 85-3014290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALEXANDER, DEREK
5541 N UNIVERSITY DR
103
CORAL SPRINGS, FL 33067 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 FULLER, BRIAN JR
Address 124 S MORGAN SR #2314
City-State-Zip: TAMPA FL 33602

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: BRIAN FULLER

OWNER

07/26/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date