

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000289733

**Entity Name:** FULLER BUILT INSURANCE LLC

**Current Principal Place of Business:**

5701 E HILLSBOROUGH AVE  
STE 1202  
TAMPA, FL 33610

**Current Mailing Address:**

210 N MACDILL AVE  
TAMPA, FL 33609-1524 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 LEE JR  
Address        210 N MACDILL AVE  
City-State-Zip: TAMPA FL 33609-1524

*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

**CEO**

**01/23/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date