

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000052750

Entity Name: FONTE INSURANCE SERVICES, LLC

Current Principal Place of Business:

8201 PETERS ROAD
1000
PLANTATION, FL 33324

Current Mailing Address:

8201 PETERS ROAD
1000
PLANTATION, FL 33324 US

FEI Number: 86-1849036

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FONTE, ALEX M
6261 SW 24 PLACE
302
DAVIE, FL 33314 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 FONTE, ALEX M
Address 8201 PETERS ROAD
 1000
City-State-Zip: PLANTATION FL 33324

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: ALEX M FONTE

AMBR

03/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date