

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000000338

**Entity Name:** RELIASURE INSURANCE SERVICES LLC**Current Principal Place of Business:**550 FAIRWAY DRIVE  
103A  
DEERFIELD BEACH, FL 33445**Current Mailing Address:**1730 S. FEDERAL HWY #270  
DELRAY BEACH, FL 33483 US**FEI Number:** 92-1502830**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLUESLATE INSURANCE AGENCY LLC  
1730 S. FEDERAL HWY #270  
DELRAY BEACH, FL 33483 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	AUTHORIZED MEMBER	Title	MANAGER
Name	BLUESLATE INSURANCE AGENCY LLC	Name	VARELA, REBECCA
Address	1730 S. FEDERAL HWY #270	Address	550 FAIRWAY DRIVE 103A
City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	DEERFIELD BEACH FL 33445

*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:** BLUESLATE INSURANCE AGENCY LLC**MEMBER****02/09/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date