

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L23000000338

Entity Name: RELIASURE INSURANCE SERVICES LLC

Current Principal Place of Business:

1730 S. FEDERAL HWY #270
DELRAY BEACH, FL 33483

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:

PALM CITY FINANCIAL 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: JOSEPH TRETOLA

09/16/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name VARELA, REBECCA
Address 1730 S. FEDERAL HWY #270
City-State-Zip: DELRAY BEACH FL 33483

Title MANAGER
Name TRETOLA, JOSEPH
Address 1730 SOUTH FEDERAL HWY #270
City-State-Zip: DELRAY BEACH FL 33483

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: JOSEPH TRETOLA

MANAGER

09/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date