

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M2100000845

**Entity Name:** ACADEMY INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

339 W 13490 ST.  
DRAPER, UT 84020

**Current Mailing Address:**

339 W 13490 ST.  
DRAPER, UT 84020 US

**FEI Number: 85-4373578**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

NATIONAL REGISTERED AGENTS, INC.  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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 MBR  
Name ACADEMY VENTURES, LLC  
Address 339 W 13490 ST.  
City-State-Zip: DRAPER UT 84020

Title MGR  
Name HARVIN, JAMES  
Address 964 PEBBLEBROOK LANE  
City-State-Zip: EAST LANSING MI 48823

Title MANAGER  
Name JENSON, LOGAN  
Address 339 W 13490 ST.  
City-State-Zip: DRAPER UT 84020

*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: MICHELLE MARRERO**

**LICENSING MANAGER**

**03/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date