

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016839

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** ABSTRACT INSURANCE AGENCY LLC

**Current Principal Place of Business:**

7744 TAFT STREET  
BAY 2  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

7744 TAFT STREET  
BAY 2  
PEMBROKE PINES, FL 33024 US

**New Mailing Address:**

**FEI Number:** 20-8445385      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** D  
**Name:** ONATIVIA, CHRISTINE  
**Address:** 7744 TAFT STREET BAY 2  
**City-St-Zip:** PEMBROKE PINES, FL 33024

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHRISTINE ONATIVIA      PRES      02/10/2011

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date