

# L1200080814

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
OCT 31 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABACO INTERNATIONAL LOSS ADJUSTERS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aurelio Gonzalez  
Name of Person

Abaco International Loss Adjusters LLC  
Firm/Company

1110 Brickell Ave, Ste 600-L  
Address

Miami, FL 33131  
City/State and Zip Code

aurelio.gonzalez@abacoap.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aurelio Gonzalez at ( 305 ) 4~~94~~<sup>95</sup>-6761  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

