2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L08000071636

Entity Name: ABS INSURANCE LLC

Current Principal Place of Business:

11402 NW 41ST STREET STE. 213
DORAL, FL 33178

New Principal Place of Business:

11402 NW 41ST STREET
STE. 213
DORAL, FL 33178

Current Mailing Address:

11402 NW 41ST STREET STE. 213
DORAL, FL 33178

New Mailing Address:

11402 NW 41ST STREET
STE. 213
DORAL, FL 33178

FEI Number: 04-3658089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GARCIA, BLAS
467 WEST 43 PLACE
HIALEAH, FL 33012 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: MGR ( ) Delete
Name: VALDES, SILVIA M
Address: 467 WEST 43 PLACE
City-St-Zip: HIALEAH, FL 33012

Title: MGR ( ) Delete
Name: GARCIA, BLAS
Address: 467 WEST 43 PLACE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BLAS GARCIA MGR 01/13/2009

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