

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016839

**FILED**  
**Apr 08, 2009**  
**Secretary of State**

**Entity Name:** ABSTRACT INSURANCE AGENCY LLC

**Current Principal Place of Business:**

7744 TAFT STREET BAY 2  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

7744 TAFT STREET  
BAY 2  
PEMBROKE PINES, FL 33024 US

**Current Mailing Address:**

7744 TAFT STREET BAY 2  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

7744 TAFT STREET  
BAY 2  
PEMBROKE PINES, FL 33024 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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: MGRM ( ) Delete  
Name: ONATIVIA, CHRISTINE  
Address: 7744 TAFT STREET BAY 2  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES:**

Title: D (X) Change ( ) Addition  
Name: ONATIVIA, CHRISTINE  
Address: 7744 TAFT STREET BAY 2  
City-St-Zip: PEMBROKE PINES, FL 33024

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: CHRISTINE ONATIVIA                      MGRM                      04/08/2009

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