

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012741

**Entity Name:** MOBILE ASSURANCE SERVICES LLC

**Current Principal Place of Business:**

8267 N PINE ISLAND RD.  
TAMARAC, FL 33321

**Current Mailing Address:**

8267 N. PINE ISLAND RD.  
TAMARAC, FL 33321

**FEI Number:** 20-4248836

**Certificate of Status Desired:** No

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

VALENCIA, ANA C  
8267 N. PINE ISLAND RD  
TAMARAC, FL 33321 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 MGRM  
Name VALENCIA, ANA C  
Address 8267 N PINE ISLAND RD.  
City-State-Zip: TAMARAC FL 33321

*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:** ANA C. VALENCIA

MGR

04/17/2014

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date