

2015 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 VALENCIA

MGR

03/24/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date