

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016839

Entity Name: ABSTRACT INSURANCE AGENCY LLC

Current Principal Place of Business:

7744 TAFT STREET
BAY 2
PEMBROKE PINES, FL 33024

Current Mailing Address:

7744 TAFT STREET
BAY 2
PEMBROKE PINES, FL 33024 US

FEI Number: 20-8445385

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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 D
Name ONATIVIA, CHRISTINE
Address 7744 TAFT STREET BAY 2
City-State-Zip: PEMBROKE PINES FL 33024

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: CHRISTINE ONATIVIA

OWNER

04/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date