

**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