

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071636

**Entity Name:** ABS INSURANCE LLC

**Current Principal Place of Business:**

3408 WEST 84TH STREET  
STE. 308  
HIALEAH, FL 33018

**Current Mailing Address:**

3408 WEST 84TH STREET  
STE. 308  
HIALEAH, FL 33018 US

**FEI Number:** 04-3658089

**Certificate of Status Desired:** Yes

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

VALDES, SILVIA M  
3585 W 106TH TERRACE  
HIALEAH, FL 33018 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 MGR  
Name VALDES, SILVIA M  
Address 3585 W 106TH TERRACE  
City-State-Zip: HIALEAH FL 33018

*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:** SILVIA VALDES

**MANAGER**

**01/18/2023**

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

\_\_\_\_\_  
Date