

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071636

**Entity Name:** ABS INSURANCE LLC

**Current Principal Place of Business:**

7500 NW 25TH STREET  
STE. 256  
DORAL, FL 33122

**Current Mailing Address:**

7500 NW 25TH STREET  
STE. 256  
DORAL, FL 33122 US

**FEI Number:** 04-3658089

**Certificate of Status Desired:** Yes

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

VALDES, SILVIA M  
467 WEST 43RD PLACE  
HIALEAH, FL 33012 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 467 WEST 43 PLACE  
City-State-Zip: HIALEAH FL 33012

*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 M VALDES

**MANAGER**

**04/06/2016**

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

\_\_\_\_\_  
Date