

2017 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

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date