

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000080088

Entity Name: INSURANCE ONE USA LLC.

Current Principal Place of Business:

4112 US HWY 19
NEW PORT RICHEY, FL 34652

Current Mailing Address:

4112 US HWY 19
NEW PORT RICHEY, FL 34652

FEI Number: 27-0753032

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANTONIK, SYLWIA
4112 US HWY 19
NEW PORT RICHEY, FL 34652 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 SYLWIA, ANTONIK
Address 4112 US HWY19
City-State-Zip: NEW PORT RICHEY FL 34652

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: SYLWIA ANTONIK

PRESIDENT

02/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date