

**2015 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

MDR

01/15/2015

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

\_\_\_\_\_  
Date