

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091946

**Entity Name:** A 1 INSURANCE OF SOUTH FLORIDA LLC

**Current Principal Place of Business:**

5990 S. US 1  
FORT PIERCE, FL 34982

**Current Mailing Address:**

5990 S. US 1  
FORT PIERCE, FL 34982 US

**FEI Number:** 27-0969626

**Certificate of Status Desired:** No

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

YORKIRONS, DENTON  
2221 SE GOWIN DR  
PORT ST LUCIE, FL 34952 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 MGRM  
Name YORKIRONS, DENTON  
Address 2221 SE GOWIN DR  
City-State-Zip: PORT ST LUCIE FL 34952

Title MGRM  
Name BUCCI, MIKI S  
Address 5480 NW EMPRESS CIR  
City-State-Zip: PORT ST LUCIE FL 34983

*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:** MIKI BUCCI

MGR

03/27/2016

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

\_\_\_\_\_  
Date