

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000075238

**Entity Name:** AFFORDABLE SECURE INSURANCE LLC

**Current Principal Place of Business:**

2400 FIRST STREET  
STE. 303  
FT MYERS, FL 33901

**Current Mailing Address:**

2400 FIRST STREET  
STE. 303  
FT MYERS, FL 33901 US

**FEI Number:** 45-5428219

**Certificate of Status Desired:** No

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

VOIT, ANGELA J  
2400 FIRST STREET  
STE. 303  
FT MYERS, FL 33901 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:** ANGELA J. VOIT

02/12/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           VOIT, ANGELA J  
Address        2400 FIRST STREET  
                  STE. 303  
City-State-Zip: FT MYERS FL 33901

Title           AMBR  
Name           VOIT, BENJAMIN D  
Address        2400 FIRST STREET  
                  STE. 303  
City-State-Zip: FT MYERS FL 33901

*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:** ANGELA J. VOIT

MANAGER

02/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date