

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000050453

**Entity Name:** ABCAR INSURANCE AGENCY LLC

**Current Principal Place of Business:**

3690 N STATE RD 7  
FT LAUDERDALE, FL 33319

**Current Mailing Address:**

3690 N STATE RD 7  
FT LAUDERDALE, FL 33319 US

**FEI Number:** 46-4909863

**Certificate of Status Desired:** No

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

URENA, OZZIE  
3690 N STATE RD 7  
FT LAUDERDALE, FL 33319 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 URENA, OZZIE  
Address 3690 N STATE RD 7  
City-State-Zip: FT LAUDERDALE FL 33319

*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:** OZZIE URENA

MGR

03/19/2014

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

\_\_\_\_\_ Date