

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000055832

**Entity Name:** AB & B INSURANCE LLC

**Current Principal Place of Business:**

600 CORPORATE DR  
SUITE 305  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

600 CORPORATE DR  
SUITE 305  
FORT LAUDERDALE, FL 33334 US

**FEI Number:** 80-0924171

**Certificate of Status Desired:** No

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

ADAMS, DAVID B II  
600 CORPORATE DR  
SUITE 305  
FORT LAUDERDALE, FL 33334 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 ADAMS, DAVID B II  
Address 600 CORPORATE DR, SUITE 305  
City-State-Zip: FORT LAUDERDALE, FL 33334

Title MGRM  
Name ADAMS, DAVID BLAIR III  
Address 600 CORPORATE DR  
SUITE 305  
City-State-Zip: FORT LAUDERDALE FL 33334

Title MGRM  
Name ALEGUAS, SALVADOR III  
Address 600 CORPORATE DR  
SUITE 305  
City-State-Zip: FORT LAUDERDALE FL 33334

*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:** DAVID B ADAMS

MGRM

03/17/2017

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

\_\_\_\_\_  
Date