

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000137337

**Entity Name:** A-AUTO INSURANCE, LLC

**Current Principal Place of Business:**

212 SAN MARCO AVE.  
STE D  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

212 SAN MARCO AVE.  
STE D  
ST AUGUSTINE, FL 32084

**FEI Number:** 20-4861860

**Certificate of Status Desired:** No

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

VAN GEMERT, MARK  
212 SAN MARCO AVE.  
STE D  
ST AUGUSTINE, FL 32084 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:** MARK VAN GEMERT

10/17/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VAN GEMERT, MARK  
Address 212 SAN MARCO AVE. STE D  
City-State-Zip: ST AUGUSTINE FL 32084

Title AUTHORIZED REPRESENTATIVE  
Name VAN GEMERT, KERRI  
Address 212 SAN MARCO AVE.  
STE D  
City-State-Zip: ST AUGUSTINE FL 32084

*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:** MARK VAN GEMERT

MANAGER

10/17/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date