## **2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000078783

Entity Name: A.B.S. INSURANCE GROUP, LLC

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**Current Principal Place of Business:** 

3408 W 84TH STREET SUITE 308 HIALEAH, FL 33018

## **Current Mailing Address:**

3408 WEST 84TH STREET STE. 308 HIALEAH, FL 33018 US

FEI Number: 47-3212365 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

VALDES, SILVIA M 3585 W 106TH TERRACE HIALEAH, FL 33018 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

FILED Feb 01, 2024

**Secretary of State** 

8159220054CC

## Authorized Person(s) Detail:

Title MGR

Name VALDES, SILVIA M

Address 3585 W 106TH TERRACE

SIGNATURE: SILVIA M VALDES

City-State-Zip: HIALEAH FL 33018

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.

MANAGER