

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000013838

**Entity Name:** A2B INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

160 W EVERGREEN AVE  
SUITE 121  
LONGWOOD, FL 32750

**Current Mailing Address:**

160 W EVERGREEN AVE  
SUITE 121  
LONGWOOD, FL 32750 US

**FEI Number:** 82-4022237

**Certificate of Status Desired:** No

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

KOVACSIK, ADAM  
160 W EVERGREEN AVE  
SUITE 121  
LONGWOOD, FL 32750 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 KOVACSIK, ADAM  
Address 160 W EVERGREEN AVE, SUITE 121  
City-State-Zip: LONGWOOD FL 32750

*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:** ADAM KOVACSIK

MGR

04/09/2019

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

\_\_\_\_\_  
Date