

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000013838

Entity Name: A2B INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

7707 HORSE FERRY RD.
ORLANDO, FL 32835

Current Mailing Address:

7707 HORSE FERRY RD.
ORLANDO, FL 32835 US

FEI Number: 82-4022237

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KOVACSIK, ADAM
7707 HORSE FERRY RD.
ORLANDO, FL 32835 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 7707 HORSE FERRY RD.
City-State-Zip: ORLANDO FL 32835

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

06/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date