

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011419

**Entity Name:** ABORA INSURANCE GROUP, LLC

**Current Principal Place of Business:**

217 BELLAGIO CIRCLE  
SANFORD, FL 32771

**Current Mailing Address:**

217 BELLAGIO CIRCLE  
SANFORD, FL 32771 US

**FEI Number: 85-3177236**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	CEO	Title	AUTHORIZED MEMBER
Name	ENGLEKING, JON	Name	ABORA INSURANCE HOLDINGS, LLC
Address	217 BELLAGIO CIRCLE	Address	2901 WEST COAST HWY STE 200
City-State-Zip:	SANFORD FL 32771	City-State-Zip:	NEWPORT BEACH CA 92660

*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: JON ENGLEKING**

**CEO**

**04/17/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date