

2024 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

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date