

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000011419

Entity Name: ABORA INSURANCE GROUP, LLC

Current Principal Place of Business:

2901 W COAST HWY STE 200
NEWPORT BCH, CA 92663

Current Mailing Address:

2901 W COAST HWY STE 200
NEWPORT BCH, CA 92663 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	AP	Title	AP
Name	CHRISTENSEN, STEVE	Name	ENGLEKING, JON
Address	2901 W COAST HWY STE 200	Address	2901 W COAST HWY STE 200
City-State-Zip:	NEWPORT BCH CA 92663	City-State-Zip:	NEWPORT BCH CA 92663

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

MEMBER

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date