

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000007499

Entity Name: CYBERACUVIEW LLC**Current Principal Place of Business:**8130 LAKEWOOD MAIN STREET
SUITE 103 #329
LAKEWOOD RANCH, FL 34202**Current Mailing Address:**8130 LAKEWOOD MAIN STREET
SUITE 103 #329
LAKEWOOD RANCH, FL 34202 US**FEI Number:** 85-2588981**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC.
7901 4TH ST N, STE 300
ST. PETERSBURG, FL 33702 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
Name	CAMILLO, MARK
Address	8130 LAKEWOOD MAIN STREET, SUITE 103, #329
City-State-Zip:	LAKEWOOD RANCH, FL 34202
Title	DIRECTOR OF LAW ENFORCEMENT
Name	JIM , SCHWEITZER
Address	10419 INGLENOK TERR
City-State-Zip:	PALMETTO FL 34221
Title	DIRECTOR
Name	AIG PROPERTY CASUALTY U.S., INC
Address	175 WATER STREET
City-State-Zip:	NEW YORK NY 10038
Title	DIRECTOR
Name	BEAZELY HOLDINGS, INC.
Address	30 BATTERSON PARK RD
City-State-Zip:	FARMINGTON CT 06032

Title	DIR OF REGULATION
Name	LINDEEN, MONICA JEAN
Address	PO BOX 224
City-State-Zip:	HELENA MT 59624
Title	DIRECTOR
Name	CHUBB INA HOLDINGS, INC
Address	436 WALNUT STREET
City-State-Zip:	PHILADELPHIA PA 19106
Title	DIRECTOR
Name	AXIS INSURANCE COMPANY
Address	10000 AVALON BOULEVARD SUITE 200
City-State-Zip:	ALPHARETTA GA 30009
Title	DIRECTOR
Name	HARTFORD FIRE INSURANCE COMPANY
Address	ONE HARTFORD PLAZA, TA-ELT
City-State-Zip:	HARTFORD CT 06155

Continues on page 2

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: MARK CAMILLO

CEO

03/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name LIBERTY MUTUAL PERSONAL INSURANCE
VENTURES LLC
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name NATIONWIDE MUTUAL INSURANCE COMPANY, 7
WORLD TRADE CENTER
Address 250 GREENWICH STREET, 37TH FLOOR,
City-State-Zip: NEW YORK NY 10007

Title DIRECTOR
Name TRAVELERS CASUALTY AND SURETY
COMPANY OF AMERICA
Address ONE TOWER SQUARE, 8MS
City-State-Zip: HARTFORD CT 06183