

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000016839

FILED
Apr 08, 2009
Secretary of State

Entity Name: ABSTRACT INSURANCE AGENCY LLC

Current Principal Place of Business:

7744 TAFT STREET BAY 2
PEMBROKE PINES, FL 33024

New Principal Place of Business:

7744 TAFT STREET
BAY 2
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

7744 TAFT STREET BAY 2
PEMBROKE PINES, FL 33024

New Mailing Address:

7744 TAFT STREET
BAY 2
PEMBROKE PINES, FL 33024 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ONATIVIA, CHRISTINE
Address: 7744 TAFT STREET BAY 2
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: ONATIVIA, CHRISTINE
Address: 7744 TAFT STREET BAY 2
City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHRISTINE ONATIVIA MGRM 04/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date