

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071636

Entity Name: ABS INSURANCE LLC

FILED
Feb 18, 2011
Secretary of State

Current Principal Place of Business:

11402 NW 41ST STREET
STE. 213
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

11402 NW 41ST STREET
STE. 213
DORAL, FL 33178

New Mailing Address:

FEI Number: 04-3658089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VALDES, SILVIA M
467 WEST 43RD PLACE
HIALEAH, FL 33012 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: MGR
Name: VALDES, SILVIA M
Address: 467 WEST 43 PLACE
City-St-Zip: HIALEAH, FL 33012

Title: MGR
Name: GARCIA, BLAS
Address: 467 WEST 43 PLACE
City-St-Zip: HIALEAH, FL 33012

I hereby 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: BLAS GARCIA

MGR

02/18/2011

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