

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000014180

**Entity Name:** AMERICA'S SOCIAL SERVICES FAMILY CENTER INSURANCE  
AGENCY LLC

**FILED**  
**Apr 30, 2017**  
**Secretary of State**  
**CC2707892953**

**Current Principal Place of Business:**

2042 ISLAND WALK DR  
ORLANDO , FL 32824

**Current Mailing Address:**

P.O. BOX 420966  
KISSIMMEE, FL 34741 US

**FEI Number: 45-4397228**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BONETTI, EDWARD  
1633 E VINE ST  
SUITE 120  
KISSIMMEE, FL 34744 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 MGR  
Name BONETTI, EDWARD  
Address 2042 ISLAND WALK DRIVE  
City-State-Zip: ORLANDO FL 32824

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: EDWARD BONETTI**

**PRES**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date