

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000056492

**Entity Name:** ACN INSURANCE BROKERS INTERNATIONAL, LLC

**Current Principal Place of Business:**

1855 W STATE ROAD 434  
LONGWOOD, FL 32750

**Current Mailing Address:**

1855 W STATE ROAD 434  
LONGWOOD, FL 32750

**FEI Number:** 46-5323867

**Certificate of Status Desired:** No

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

CORPORATE SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** CORPORATION SERVICE COMPANY

04/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           RITENOUR, HEATH  
Address        1855 W. STATE ROAD 434  
City-State-Zip: LONGWOOD FL 32750

Title           CFO, SECRETARY  
Name           MEYERS, THOMAS JR.  
Address        1855 W STATE ROAD 434  
City-State-Zip: LONGWOOD FL 32750

Title           MANAGING MEMBER  
Name           INSURANCE OFFICE OF AMERICA,  
                  INC.  
Address        1855 W STATE ROAD 434  
City-State-Zip: LONGWOOD FL 32750

*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:** THOMAS MEYERS, JR.

SECRETARY

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date