

**2021 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

03/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

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

Title SECRETARY  
Name WICK, JOHN  
Address 1855 W STATE ROAD 434  
City-State-Zip: LONGWOOD FL 32750

Title AUTHORIZED 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

CFO

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date