

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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

01/02/2020

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: TINA CHOINIÈRE

LEGAL DEPT.
ADMINSTRATOR

01/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date