

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000098691

Entity Name: ASPEN INSURANCE LLC

Current Principal Place of Business:

11729 DOE CREEK DR.
LITHIA, FL 33547

Current Mailing Address:

11729 DOE CREEK DR.
LITHIA, FL 33547 US

FEI Number: 81-2873318

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KELLER, ALICIA
11729 DOE CREEK DR.
LITHIA, FL 33547 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 KELLER, ALICIA
Address 11729 DOE CREEK DR.
City-State-Zip: LITHIA FL 33547

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: ALICIA KELLER

MANAGER

04/29/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date