## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000150740

**Entity Name: ABE INSURANCE PARTNERS LLC** 

**Current Principal Place of Business:** 

13801 WALSINGHAM ROAD SUITE E LARGO, FL 33774

**Current Mailing Address:** 

13801 WALSINGHAM ROAD SUITE E LARGO, FL 33774 US

FEI Number: 81-3555735 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARRINGTON, WILLIAM H 13801 WALSINGHAM ROAD SUITE E LARGO, FL 33774 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 Title MGR

Name ARRINGTON, WILLIAM H Name WILKIE, AARON

Address 501 MANDALAY AVE. #910 Address 501 MANDALAY AVE. #910

City-State-Zip: CLEARWATER BEACH FL 33767 City-State-Zip: CLEARWATER BEACH FL 33767

Title MGR

Name PANAMA CONNECTIONS INC.

Address 8821 DEEPLANDS RD.

City-State-Zip: TAMPA FL 33635

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: WILLIAM ARRINGTON

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

03/21/2017

FILED Mar 21, 2017

**Secretary of State** 

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