

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000151168

**Entity Name:** FORD INSURANCE HOLDING LLC

**Current Principal Place of Business:**

601 BRICKELL KEY DR., STE. 700  
MIAMI, FL 33131

**Current Mailing Address:**

601 BRICKELL KEY DR., STE. 700  
MIAMI, FL 33131 US

**FEI Number: 81-3548913**

**Certificate of Status Desired: No**

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

BUSINESS FILINGS INC.  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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            MBR  
Name            BARBA, CARLOS  
Address        601 BRICKELL KEY DR., STE. 700  
City-State-Zip: MIAMI FL 33131

*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: CARLOS BARBA**

**MANAGER**

**01/11/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date