2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2018
Secretary of State
CC2174939653

DOCUMENT# L17000026666

Entity Name: AOR INSURANCE LLC

Current Principal Place of Business:

1021 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

1065 ESR 434
PO BOX 195876
WINTER SPRINGS, FL 32719

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORRIDOR LEGAL, CHTD
325 5TH AVE
SUITE 103
INDIALANTIC, FL 32903 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	MANAGING MEMBER
Name	JOHNSON, MICHAEL
Address	1065 ESR 434 PO BOX 195876
City-State-Zip:	WINTER SPRINGS FL 32719

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: MICHAEL JOHNSON MANAGING MEMBER 04/11/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date