

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000026666

Entity Name: AOR INSURANCE LLC

Current Principal Place of Business:

1021 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

PO BOX 195876
WINTER SPRINGS, FL 32719 US

FEI Number: 81-5249369

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLEINFELDT LAW OFFICE LLC
390 N. ORANGE AVE
SUITE 2300
ORLANDO, FL 32801 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 D
Address 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

MEMBER

04/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date