

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000007499

**FILED
Mar 11, 2022
Secretary of State
4637980384CC**

Entity Name: CYBERACUVIEW LLC

Current Principal Place of Business:

8130 LAKEWOOD MAIN STREET
SUITE 103 #329
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

8130 LAKEWOOD MAIN STREET
SUITE 103 #329
LAKEWOOD RANCH, FL 34202 US

FEI Number: 85-2588981

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH ST N, STE 300
ST. PETERSBURG, FL 33702 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 CEO
Name CAMILLO, MARK
Address 8130 LAKEWOOD MAIN STREET,
 SUITE 103, #329
City-State-Zip: LAKEWOOD RANCH, FL 34202

Title DIRECTOR OF LAW ENFORCEMENT
Name JIM , SCHWEITZER
Address 10419 INGLENOOK TERR
City-State-Zip: PALMETTO FL 34221

Title DIRECTOR
Name AIG PROPERTY CASUALTY U.S., INC
Address 175 WATER STREET
City-State-Zip: NEW YORK NY 10038

Title DIRECTOR
Name BEAZELY HOLDINGS, INC.
Address 30 BATTERSON PARK RD
City-State-Zip: FARMINGTON CT 06032

Title DIR OF REGULATION
Name LINDEEN, MONICA JEAN
Address PO BOX 224
City-State-Zip: HELENA MT 59624

Title DIRECTOR
Name CHUBB INA HOLDINGS, INC
Address 436 WALNUT STREET
City-State-Zip: PHILADELPHIA PA 19106

Title DIRECTOR
Name AXIS INSURANCE COMPANY
Address 10000 AVALON BOULEVARD
 SUITE 200
City-State-Zip: ALPHARETTA GA 30009

Title DIRECTOR
Name HARTFORD FIRE INSURANCE
 COMPANY
Address ONE HARTFORD PLAZA, TA-ELT
City-State-Zip: HARTFORD CT 06155

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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: MARK CAMILLO

CEO

03/11/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name LIBERTY MUTUAL PERSONAL INSURANCE
VENTURES LLC
Address 175 BERKELEY STREET
City-State-Zip: BOSTON MA 02116

Title DIRECTOR
Name TRAVELERS CASUALTY AND SURETY
COMPANY OF AMERICA
Address ONE TOWER SQUARE, 8MS
City-State-Zip: HARTFORD CT 06183

Title DIRECTOR
Name NATIONWIDE MUTUAL INSURANCE COMPANY, 7
WORLD TRADE CENTER
Address 250 GREENWICH STREET, 37TH FLOOR,
City-State-Zip: NEW YORK NY 10007