

AMENDED ANNUAL REPORT



Corporation Division
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E-FILED
Jan 29, 2020
OREGON SECRETARY OF STATE

REGISTRY NUMBER

57792195

REGISTRATION DATE

02/09/2009

BUSINESS NAME

ASSURANCE ENTERPRISES LLC

BUSINESS ACTIVITY

INSURANCE

MAILING ADDRESS

PO BOX 1807
CLACKAMAS OR 97015 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

4949 SW MACADAM AVE #23
PORTLAND OR 97239 USA

JURISDICTION

OREGON

REGISTERED AGENT

RUSLAN OZERUGA

4949 SW MACADAM AVE #23
PORTLAND OR 97239 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

RUSLAN OZERUGA

PO BOX 1807
CLACKAMAS OR 97015 USA



I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

RUSLAN OZERUGA

TITLE

PRESIDENT

DATE SIGNED

01-29-2020